

Virtus et Honor
Comites
Omnium hominum
qui sunt boni et apud ipsorum
professionibus

Notes

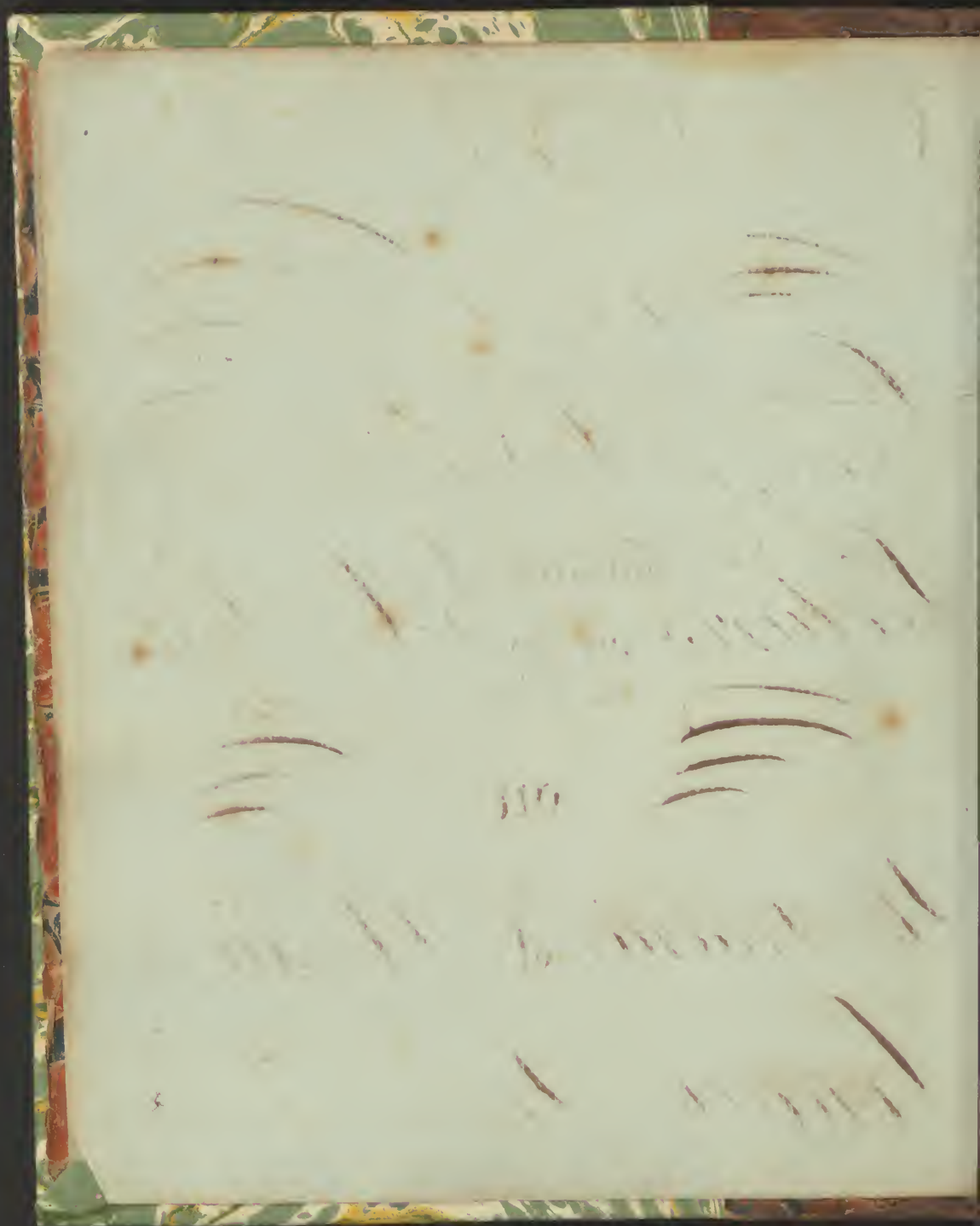
taken by

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Lectures ^{delivered} _{or} given by Wm. C. C. C. C.

on

The Practice of Physic

London February 7th - 1821.



Clap 1.st Pyrexia. Character.

After shivering, or a sense of coldness, a quick pulse; increased heat; with intermission or interruption and derangement of functions & diminution of strength. This class contains five orders. Order 1.st Febris. Character.

Pyrexia, after languor, lassitude, and other signs of debility, without any primary local disease. (Intermittentes. Fevers arising

from marsh miasmata, consisting of one paroxysm. Without fever or at least with evident remission, returning with remarkable exacerbation, and in general with shivering: one paroxysm only taking place each day. Genus 1.st Tertiana

Similar paroxysms after an interval of about 18 hours. The accessions taking place at noon.

2^d Each paroxysm of an intermittent fever consists of three stages, viz. The cold, the hot, and the sweating stages. The tertian differs sometimes with respect to the length of the paroxysm (that is) 1st. The paroxysm not continuing above 12 hours. 2nd. The paroxysm not continuing, 12 hours but more as 14 & 16. It differs sometimes in the return of the paroxysm, (that is) 1st. Returning, daily, with equal paroxysms, alternately resembling. 2nd. Returning every second day, with two paroxysms in one day. 3rd. Returning daily with two paroxysms one day, and one paroxysm on the next. 4th. Returning daily with a remission, more remarkable between the odd & even days, than between the even & odd. It differs sometimes in the symptoms, (that is)

1. Attended with drowsiness. 2. Attended with spasms. 3. Attended with effluence of the skin. 4. Attended with inflammation. 5. In being accompanied with other diseases. 6. In course. It is attended sometimes with remission (that is) one paroxysm is not quite over before the other commences.

Quartana. Genus II. Similar paroxysms after an interval of about 72 hours. The accessions taking place in the afternoon. This species also varies in type or period, 1. Having one paroxysm every fourth day, & none on the intermediate days. 2. Having two paroxysms every fourth day, & none on the intermediate days. 3. Having three paroxysms every fourth day, and none on the intermediate days. 4. Of the four days the third being only free from fever, & the paroxysm like every fourth

4 day. 5th Having daily paroxysms, and rising
every fourth day. It varies in symptoms,
being complicated with other diseases
and likewise in having remissions. ---
Genus III Luctidiana. Similar paroxysms,
after an interval of about 24 hours; and
the paroxysms taking place in the morning.
It differs sometimes as well as the two above
mentioned viz. the Tertian & Quartan. 1st
Universal & returning at the same hour
in the morning. 2nd Partial. It differs
also in being complicated, and attended
with Remission. Treatment of a simple
intermittent fever. No remedies to be applied
during the paroxysm, but between. The first
class of remedies are tonics, both vegetable
and mineral. Of the former the Peruvian Bark

5
Cinchona lancifolia of the Pharmacop. which
is to be given if the patient's stomach is able
to bear it, in powder. dose ℥ every four or six
hours. Some states of the stomach if present
must be corrected before giving the Bark,
which is to be effected by an emetic, as the
Antem. Tart. dose ℥ every 10 minutes or 15, you
have until it operates. The bowels sometimes
are disordered without the stomach being
affected, if so give a purge of Rhubarb ℥
balanced gr. If the Bark produces a diarrhoea
add to every dose Opium gr. if after this the
diarrhoea continues, then change the bark
I take the Angustura or Caspian Bark
I give it in doses of ℥ every four hours. These
barks have the greatest effect when given
in substance conjoined with an aromatic
as Camella Syriac to every dose of the Bark.

2) Other barks have been also employed for the cure of this fever - viz. The Jamaica Bark dose ʒi. Another kind of bark procured from the island of St. Lucia. It has been asserted that the Barks owe their property of curing an intermittent to some particular principle which they contain. Bitters have been used by some as Quinine, Gentian, Sassafras, Wormwood, Coluber. Of the mineral Tonics we use, Arsenic stands the first place and especially if there is no visceral disease, then its effect will be more remarkable. it is given solution, called Fowler's solution, & the Liqueur. Arsenicalis of the Pharmacop. one pint of which contains of Arsenic ʒss. ʒ64, we commence at first with ʒss. ʒ64 of ʒ. increasing gradually to ten drops ʒss. ʒ64 3 or 4 times three times a day. Other mineral

have been given as follows: *Acet. Sulph.* $\frac{ij}{\text{ss}}$
to \frac{ss} *Opus. Ammoniacum* & *Sulphur-f.*
every two or three hours. During the fit - if the
symptoms are not violent & the paroxysms
short, then we must do nothing during the
continuance of it, but if on the contrary, the
fit is violent & of long duration, then we
must prescribe something not with an in-
tention of curing the disease by putting a stop
to it as this we shall be unable to do, but
in order that is with a view to abate & shorten
the paroxysm - we must therefore employ
such medicines as will accelerate the
sweating stage - diaphoretics as *Pulv. Antim.*
 \frac{ss} & *Acet. Sulph.* together with *Ag. Ammoniac.* \frac{ss} .
Opus. Ammoniac. combined with small doses
Antim. Tart. These medicines must only
be given during the cold & warm stages. *Bar-*
water is to be given with *Ant. Tart.* in some

8
loses during the hot stage. Some have thought
proper to employ during this stage those me-
dicines used in inflammatory fever & bleeding
but Dr. Tuthill recommends this plan only to
be used in extraordinary cases. In the cold
stage symptoms as stupor, coma, with extreme
coldness & numbness may come on, in which
case we must employ strong stimuli as
warmth to the body by fomentation & friction
with Volatile liniments externally; internally
Ammon. Acuat. ℥ss to Mist. Camph. ʒi very
hour: if there should be great vomiting in
this disease, then employ effervescent medicines
with Opium as five parts of Carbonate of Potash
Soda to four parts of Citric Acid or Citric
acid ʒiv to Mist Camph. ʒi & Opii ꝑ℥i. If the
above remedies have been unsuccessfully used
during the cold stage in order to restore warmth

Then we must employ mustard cataplasms to the
soles of the feet, & internally. Alcohol. S. O. O.
Vitis 3j with Mist. Camph. & T. Cadumum. 3j
every hour. If during the hot stage the symp-
toms are violent & there is great action in
the arterial system accompanied by throbbing
of the carotid and temporal arteries - here we
must employ cold to the head & warmth
to the feet, leeches to the temples, cupping,
purgatives w^{ch} will act quickly, the saline
as Magn. Sulph 3j to 3iss - injecting at the
sometimes the alimentary canal to create
an discharge - I have recommended curing an inter-
mittent by producing violent action in the
system just before the paroxysm takes place;
they give an emetic as Ipecacut. ʒss about 10p.
or 11p & with Opium c. S. Op. ʒss. But Sir
George Duthill thinks they seldom have
the power of stopping the progress of the disease.

10 The plan of treatment to be pursued in
Tertianer Triplicator, that is when there are
two paroxysms on one day & another on the next
is the following - I before mentioned that the
Barks must not be given during the parox-
ysms, as the irregular paroxysms prevent you
from giving the bark in the regular way;
you may prescribe it in a different man-
ner, (i.e) to give it in considerable doses
at short intervals on the morning of the day
when you expect the regular paroxysm to
come on, as for instance ℥j at 8 o'clock & as
much ℥ij at 10 and ℥ij at eleven - by which
method if you are successful in stopping
the regular paroxysm, you must continue
giving the Bark but in smaller doses &
at longer intervals, thus you may possibly
prevent the irregular paroxysms from
coming on the next day. If the Bark does

(11)
not succeed in putting a stop to the paroxysms
after being employed in this way for a week
or ten days, it may be owing to a morbid
state of the stomach & bowels, therefore give
an emetic or purge as mentioned in the
case of a simple tertian and then renew
the Bark and generally the result will
be favourable. Here arsenic will be in-
advisable. When you ^{have} Paroxysms at regu-
lar intervals but without an intermission
(i.e.) the symptoms abating but not entirely
leaving the patient & unaccompanied by
visceral disease - this case will be more
difficult to cure being a remittent than
the preceding ones - here your object will be
to procure an intermission, which you must
endeavour to do by giving an emetic during
the remission as Ant. Tart given up if they
should not succeed, experience says Sir George

12) has proved that opium will have great
effect here, more especially if the disease is
accompanied by a nervous irritation of the
system, and its effects will be increased if
given after an emetic as *Palv. Specim.* (Dr
Rohi ^{pt} ~~xxx~~, this is generally followed by a
profuse perspiration. An interruption takes
place, then you must immediately begin
by giving the bark in regular doses, which
in the end cures the complaint. When the
continuance of the fever is owing to a morbid
action of some part of the body as the ali-
mentary canal then give *Palomel*, *pt* *Pal*
Rhai *Exod* *pt* *xxv*. If after you have attempted
to correct the morbid state of the system,
I used the remedies above mentioned for
several weeks without the complaint being
subdued or abated, then you may suppose
there is visceral disease which is more

prevalent in a Tertian than a Quartan, & ¹³
in the latter than the Quotidian - when these
fevers are of the remittent type - Sir John Min-
-gle conceived that the liver & spleen were
the parts chiefly affected in this disease -
he found in France when the disease was very
prevalent in his time, that a long continu-
-ance of this fever or frequent relapses, pro-
duced visceral dropsy or jaundice, & he re-
-marks, wth Sir G.^d Duttille says may be taken
as a practical lesson, that if Bark is given
when it increases the disorder, a tumor also
is generally found in the region of the liver
for which he prescribed bleeding, salines and
aperient purgatives. It has been remarked
that the remittent kind of this fever is
that most subject to visceral disease the
symptoms during the hot & cold stages are
greatly increased. The Diagnosis this - Suppose
your patient after taking the proper remedies

14) for three weeks without finding any relief - complaining of pain in the right hypochondrium, especially when pressed on with the hand, difficulty of lying on the side, with a short dry cough - This continues we will say for a week, then his complexion undergoes a change, his stomach is disordered with nausea & bilious vomiting - Another week elapses - the pain in the region of the liver is now increased, the tumescence is greater - at the same time the lower extremities are in an edematous state, and the morbid state of the system is more alarming - all the symptoms becoming worse ascites takes place with jaundice & visceral disease and at last the patient is destroyed. This disease says Sir George was very prevalent in this country during the Walchew expedition - In the treatment you

-rally in this as well as all diseases, the⁽¹⁵⁾
exciting cause must be removed, therefore the
patient should not be suffered to remain ex-
posed to it. Agreeable to this object the sol-
diers in the expedition above mentioned, who
were afflicted with this disease, were sent
home, and lodged in our military hospitals near
New - the greater number dying in spite
of all remedies w^h were used. Tho' this disease
under many circumstances be a mild one,
still we often find it a very violent & dangerous
one. It is most violent in warm climates,
& perpetually happening in the East Indies
where it is called the Jungle Fever - It also
prevails in mild climates such as ours but
never in cold ones - The mode of treating this
disease by Sir J. Pingle is not at present
considered the most successful, but Mer-
cury is now employed as the Aug. Hyd. Fort. &c
to be rubbed in the region of the liver or

16) Spleen every night, untill a slight mer-
curial action takes place, which must be
kept up for five or six weeks, in order to
discover what effect it has had on the disease.
When that subsides the fever generally does
so with it, if not the Arsenical Solution
may be here used with great advantage.
The pilule. hydrag. may likewise be used in
doses of ℥v night & morning as an alterative.
The fever sometimes subsides when the visce-
ral disease commences

Continued. Fevers.

2nd Division of the order Fevers.
Character. Fevers without intermission;
not produced by miasm. miasmata; but
with remissions and exacerbations, though
not always considerable; continuing,
& having two paroxysms each day (with

in the 24 hours - the term continues ⁽¹⁷⁾ ~~describes~~
imply that the patient labours under the
fever to the same degree during the pa-
-roxysem but that there is a gradual re-
-mission of one paroxysm to the commena-
-ment of the other - this species of fever in-
-creases to a certain height then either de-
-stroy the patient or begin to decrease -
The Greek writers divided continuous fevers
according to their degree of danger, the
moderns however divide them into two
kinds, inflammatory & nervous - Typhus,
Typhus & a combination of these two called
Typhus - The first of these which I shall
introduce to your notice is Typhus or the
inflammatory fever. Character. Heat much
increased; pulse frequent, strong, & hard; urine
red; the animal functions little disturbed.

181. It is assumed that there is a cold stage,
but of short duration, which is succeeded
by a severe hot stage that may be pro-
longed until death ensues - the cold stage is
very imperfect, the chills & shivering, being
often interrupted & renewed - there is an
extraordinary excitement of the nervous sys-
tem, and then of course of all the body.
No particular period of the year is assigned
for the prevalence of this fever, but medi-
cal writers seem to think that they are
more frequent in the spring - attacking youth
& those in the vigour of life much more
than infants or the aged, and more inci-
dent to those who have been previously
strong than those who are weak. It comes
on with a slight sensation of lassitude
& chilliness & coldness, followed by an in-

crease in the body of heat; diminution of
the secretions from the blood; the urine ¹⁹ ~~is~~
in small quantities & of a high colour; an
increased vigour of the heart & arteries and
great nervous excitement; the skin dry;
the internal surfaces dry & parched as the
mouth & gorges; great sensation of thirst;
the secretions of the alimentary canal ~~are~~
diminished producing costiveness; the patient com-
plains of a degree of nausea & oppression at
the chest or scrobiculus cordis; the increase of
temperature in the body arises from the ca-
lonic, which in health passes out of the body
by perspiration, being retained the exhalations
being obstructed; the caloric also which passes
from the lungs in expiration in the form of
vapour (aqueous) which remains at a certain
temperature invisible in the air, but in a

20/ cold atmosphere as when there is a frost
it condenses - there is less of this vapour
carried off; the tongue in this disease is of
a scarlet colour at the sides & white in the
centre, moist also at the sides, the papillae
at the point of the tongue are more eleva-
ted; the pulse is quick, strong, & full but
its frequency will vary according to the vi-
olence of the attack, it shows no irregular-
ity, is seldom or never under 96 but will
increase to 120 130 or more. The temperature
of the body being from 100 to 106. If blood
is taken there will be a white coagulable
surface on the crassamentum; pain some-
times in different parts of the body as the
head, back, & extremities; this complaint
is not of such a nature as to produce
weakness. The sensibility of parts is greatly

& preternaturally increased as light affecting²¹
the eyes, the least noise appearing to disturb
the patient very much, not liking to be touched,
the organs of taste & smell having an increased
sensibility; flushing of the face, throbbing
of the carotid & temporal arteries; the ex-
acerbation coming on in the morning &
evening, the latter being the most violent,
difficulty of breathing, delirium accompa-
nying the exacerbations, as the febrile symptoms
subside the powers of the mind are restored -
when the delirium is of the wild & furious
kind then the sensibility of the different
organs of distinct sensations is greatly in-
creased. The first few days there is an increase
of violence in the symptoms after every remission.
The disease terminates in ^{hours} 24 but more frequently
in 4, 7, 11, 14 & sometimes 21 days, at these

22) periods the complaint either terminates
in death or else a decrease of the symptoms,
that is when unaccompanied by local disease.
This complaint seldom proceeds to the 21st
day; it sometimes destroys the patient but
in general it decreases after it has proceed-
ed to its height. It usually arrives at its
greatest degree of violence on the 4th day.

Suppose the symptoms to gradually increase
up to one of the periods above mentioned,
the excitement may be so great as to destroy
the patient, then the patient will be said
to have died of excessive excitement as that
of increase of temperature in the body and
of the nervous & arterial system &c. great
excitement is generally followed by ex-
cessive weakness. Another way in which
this fever terminates is this, Suppose a

patient labouring when Typhus is attacked ⁽²³⁾
with some local disease as inflammation
which may seize on some vital part necessary
to life & thereby prove fatal; but the fever
is not said to have died of Typhus but of
Phrenitis when the inflammation attacks
the brain. If the inf.ⁿ attacks the lungs then
of Pneumonia. It does not necessarily follow
that the disease should prove fatal by
the supervening of local disease, as it may
be sometimes subdued, but if he dies his death
is occasioned by one or the other of the moors
I have mentioned. If it does not prove fatal,
it will decline by some new symptom, as
by an evacuation of blood, or production of
some great secretion from it; as Hemorrhage
from the nose - if you discover that the
symptoms Fever abate as the blood flows
it is to be considered as a favourable symptom.

24/ A female labouring under this disease
on the critical day has Hemorrhage from
the Uterus - this is also favourable - I like
-wise a discharge from the hemorrhoidal ve-
sels - again you are aware that the secre-
tions are diminished, if then on the ^{7th} day
an abundant flow of urine takes place,
depositing what is called the lactitious
sediment like unto red sand & it produces
a diminution of the fever - it is favourable
also if a Diarrhea ensues, and likewise if
from the skin which had been very dry
during the progress of the fever, there pro-
ceeds an abundant perspiration, that is,
it continues the febrile symptoms abate -
a tumor may sometimes arise in some part
of the body under & in the cellular texture
& burst & discharge it, contrary - of which I need

if the symptoms state, it is favourable. The, ²⁵
Fever says Sir George is easily to be distinguished
from any other by the excess of excitement in
the heart, arteries & nervous system, by the
greater temperature of the body, & lastly by
the operations of the mind being so greatly
affected. Treatment of Typhoid.

Our plan of treatment here must be chiefly
in regard to the excessive excitement, which
prevails in this disease, this must guide
us, therefore our prime object will be to
reduce this excitement to its healthy stand-
-ard, & experience has taught us, that this
reduction is to be effected by evacuation,
as diminishing the circulation by open-
-ing a vein in the arm, & allowing a portion
to escape; Blood letting is the most effi-
-cient remedy that we can use in the case

26/ of this disease; the blood drawn usually exhibits a white coriaceous surface. But sometimes this does not happen, yet this says Sir George ought not to prevent, us from bleeding again if the symptoms are unabated - as this disease generally attacks those in the vigour of life & the robust we must commence by taking from the arm 16 or 20 gr. of blood, then to open the alimentary canal by saline purgatives, as the Black drop, Magn. Sulph Zed or some other saline aperient, only taking care to leave the patient more than one dose, on account of the different effects which purgatives have on various persons, opening some very easily, others with more difficulty, also as there is in this complaint a preternatural disposition to coagulatio-

(27)
It would be better perhaps if you follow up
the purgative with Infus. Senna to be taken
every three or four hours until evacuations take
place (i.e.) four or five. If the symptoms run
very high it will be necessary for you to see
the patient in 7 hours again, & you then
should find that the bleeding has given
little or no relief, & the symptoms still con-
tinuing unabated, take another pound of
blood; being observant likewise that the
purgatives produce three or four evacuations
daily. After the bowels have been opened in
the first instance, give diaphoretics, as,
R. Antimony gr. every 6 hours, with the
Sp. Aromatic. Acet. ℥ss. Mist. Camphore ℥ij
Liq. Ant. Tart. $\frac{ss}{x}$ made into a draught,
& taken every four hours - This is the plan
of treatment recommended by Sir George

28) through out the complaint, repeating
the bleeding according to the violence of
the symptoms. We must be on the watch
for any critical evacuation taking place,
when it does happen encourage it in pre-
-ference to all others, as for instance if
by our diaphoretics we have effected three
-latent persals but little, yet on the 7th day
there comes on a profuse perspiration, this
then must be encouraged, therefore we ought
not to use any remedies, which would put
a stop to it, at that period, as bleeding
or purgatives, but must proceed by diapho-
-retics, & the patient will gradually recov-
-er, which we shall discern by the symp-
-toms abating, & the patient expressing a
desire for food. & on these critical days

a tumor arises the applicatives to it must
not be the Lotio. Plumbi but warm fomenta-
tions & poultices. During the progress of the
disease we must attend to the patients diet
which should correspond with the general
treatment - at first therefore giving him bar-
ley water & thin gruel, & as the progress of the
fever is arrested the diet must become more
substantial, light puddings, thick gruel,
in a day or two broths containing some
vegetable preparations - also the patient
should be kept in a light & airy apartment
well ventilated & kept cool. When we find the
temperature of the body above natural & that
it remaining so, the skin dry, no chilli-
ness being present, then by sprinkling
the body with cold vinegar & water we
shall often afford great relief to the patient
by the application mitigating all the symptoms.

30) by increasing the evaporation from the skin. All that acts on the mind should be carefully withheld; the external senses must suffer no violence therefore the patient must be kept quiet; every endeavour must be used to calm & compose him - in this way the disease is usually cured. But the excitation may have been so great or some visceral inflammation supervene, in this case therefore the lancet must be freely employed, together with purgatives (see) in the former case, in the latter the treatment according to the order Pleg-matic. The causes of this disease are the remote & proximate, the last is any obstruction, the former is divided into predisposing & exciting, the first as it not being incident to any hot climates but cold & temperate ones, also not happening at every period of

life &c, the exciting, as the application of cold⁽³⁾
to the body when heated, arresting the progress
of perspiration; by the suppression of evacuation,
the repulsion of eruptions; & affections of the
mind. February 27th 1821. Tuesday.

Genus 5th Typhus.

Contagious; heat little increased; pulse
weak small, & in general quick; urine
little changed; animal functions much
disturbed; prostration of strength. The
Species are, Typhus Petechialis generally
attended with purple spots. This varies in
degree. Typhus Miliaris and Typhus Exanthematicus
Typhus Etorodes attended with yellow-
ness of the skin. This last does not oc-
-cur in this country. In Typhus there
is a remarkable depression in the men-

32. -ous system, in muscular strength, &
in all the operations of the mind; diminished power in the action of the heart
& arteries; the pulse weak, small, & frequent;
respiration a little impeded; nutrition not
going on in the system; The first symptoms
are referred by the patient to pains in the
head & stomach with sickness, loss of appetite
alternations of heat & chilliness, depression
of spirits, the powers of perception lessened,
loss of memory, inclination to sleep but
it producing no refreshment, the weakness
of the pulse manifest by a gentle
pressure at the wrist stopping the pulsations
of the radial artery; urine is pale
& scanty; the countenance dejected; skin
dry - these are the symptoms generally

The 1st is the milder species of Typhus (33)
but if the attack be severe, the pains in the
head will be violent; with vomiting, some
pains in the back & loins, great prostration
of strength, the action of the heart increases,
diminution of sight with a suffused redness of the
eyes, the patient loses the inclination and
power of assisting himself, costiveness. When
it becomes Typhus gastricus, on the first day
of the attack the patient is affected with
all the above symptoms to an extreme, the
blood in the course of the complaint becomes
extravasated, & petechiae or purple spots ap-
pear on the surface of the body, the pulse
beats from 104 to 130 in a minute, but in some
malignant cases it has been found to be slow
as only 36 pulsations in the minute but
this however seldom occurs, the heat

34 of the body not much movement yet
on withdrawing the hand from the body a
sensation of heat will be felt; in Synocha
on the contrary the heat of the body is great-
ly increased, but on withdrawing the hand
no sensation of warmth accompanies it -
The complaint still increasing, the powers
of voluntary motion are decreased, & the patient
picks at the bed clothes, there is a starting
of the muscles, & convulsions accompanied
by stupor, this decrease of sensibility to exter-
nal objects becomes internal delirium
ensues, which is very characteristic of this di-
ease, it is a low, smothering & powerless
delirium; it sometimes takes on a more
powerful form at first but soon changes
into the kind above described; the counte-
nance becomes cadaverous, the features

35
contact, the cheeks become hollow, inspira-
tion is somewhat increased, nose pointed
the insensibility increases, & death finally closes
the scene, but before this takes place the
tongue which is at first covered with mucus
then becomes thick & brown pur & at last
black the teeth likewise being incrustated
with a dark coloured secretion, the morbid
state of the stomach augments, & coffee
coloured fluid is vomited which is to be
regarded as a fatal symptom - a bloody
diarrhea, the urine turbid & depositing a
dark sediment, the perspiration accompa-
nied by a fetid odour, hemorrhage from
the gums, mouth & nostrils, purple blotches
of a larger kind, there is an evident tendency
to mortification & gangrene, besides
the symptoms above enumerated, Tetanus
is accompanied by deafness & contraction of

36/ Taste & smell; It must be particularly remembered, that dreadful as this complaint is, there is between the mild & severe attack many gradations. It is distinguished from Typhus by the pulse being small & feeble heat moderate, diminution of muscular power, torpid state of the mind, ghastly & cadaverous countenance with a purple or livid flush - &c. Typhus has but a limited duration, it either proceeds gradually increasing in violence or quickly does so; it is not usual for its arising at the height before the 7th day, but generally continues to the 14th day or to the 21st. ^{It} although it may last per on the 11th or 13th. When it has obtained its greatest degree of violence at one of the periods above mentioned, called by Hypo- creates critical days, it may destroy life,

but on the contrary if a recovery commences⁽³⁷⁾
it will be announced by some favourable cri-
tical symptoms, which vary much from those
announcing the same event in Synocha, as
profuse hemorrhage and perspiration like
wise purging, this except of evacuations, would
in this complaint, if they come on, denote
extreme danger which we should be able
to discover by the patient sitting. The sym-
ptoms which are to be regarded as favourable
& critical in this disease are of a much
slighter kind, as suppose, the skin, which
has been very dry, becoming soft. There is
a gentle moisture diffused over the whole
body; a mild diarrhoea; the urine secreted
in larger quantities but not profuse;
the tongue becoming moist & cleaner;
scabbe eruptions about the mouth & ears;

38 / the pulse improves; absence of delirium;
an increase of saliva is mentioned by some
writers - these then are the favourable symptoms,
the unfavourable ones are the following - long
continued insensibility; convulsions; sanguine-
ous diarrhoea; petechiae; a livid colour an-
nouncing incipient mortification; in-
creased weakness of the pulse; falling of
the lower jaw; bilious vomiting; involun-
tary discharges of feces; hiccups together
with impeded deglutition &c. Causes are
the remote & proximate, this last involves
in theory, which is this that a peculiar
agent influences the nervous system then
by the whole body, the former cause is
divided into the predisposing & exciting
the former as a previous state of weakness
arising from the operations of the mind or body;

by disease; by impeded nutrition; poor diet;
sudden changes of temperature; shocks; change
of climate. the exciting cause as being contagious,
it has been established after much observation,
that this disease may be communicated, not
only by a person labouring under it, but also
from wearing clothes which have been in con-
-tact with his person; which proves there
must be some material agent which passes
from the patient's body, it is called contagion,
we are unable to discover by our external senses
this agent, & what degree of this exhalation
is requisite to infect a person seriously -
if a number of persons be exposed to this con-
-tagion, & all be affected. the same phenom-
-ena will take place in all to a greater or less
degree, & fresh contagion be generated, a suc-
-cess of effects which warrants this conclu-
-sion may say Sir George be deduced from

40. What occurs in hospitals, jails &c. - the system in which cases undergoing from the stagnant air some peculiar change generating this complaint - as intermittents are said to arise from vegetable miasma, this is said to be produced by animal miasma; it occurs most frequently amongst the poor, who live in crowded apartments; putrid animal substance may produce this malady, for instance, the famous Michel is said to have died from contagion, by standing for a long time over a large jar in which he was macerating several parts of the human body, the confinement of the effluvia is not necessary to produce Typhus as the contagion may be spread to some distance arising from the putrid bodies in a field of battle. Contagion acts primarily by the lungs, but on some occasions in a different manner,

(41)
wounding the body with an infected instrument,
cutting the hand in dissection or in opening
a body died of this fever. Treatment. In treat-
ing a case of pure Typhus, the mode, is cer-
-ly deduced from the history I have given you,
it is this - to increase the nervous energy, to ex-
-cite the system to the standard of health
which is done by stimuli exclusively - there-
-fore all remedies which you would employ
in Typhus will be here inadmissible, bleed-
-ing for instance - (C.C.) says, Dr. Guthrie in the pure
Typhus which is not the species that generally
occurs in practice. Experience has taught us
in all diseases where there is a diminution
of the nervous energy, there is a tendency
to putrefaction; the expulsion of the noxious
matter contained in the bowels is necessary
by Pulo Khasi $\frac{f^{\text{xx}}}{\text{Calomel}}$ $\frac{f^{\text{vj}}}{\text{}}$ this will pro-
duce one or two evacuations, & not acting

42) with violence - the bowels afterwards to be kept occasionally open by Infus. Rhois - the stimuli used in this disease are divided into those that extend their influence gradually over the whole body, these are the mineral & vegetable tonics, this last as the Doct. binchona em R. binchona et Conf. Aromat per the draught to be taken every six hours, the principal tonic derived from the mineral Kingdom is Muriatic Acid two drochms of which should be diluted in a pint of barley water, & drunk daily by the patient in Typhus Mitis one dram will be sufficient. No other remedies says Sir George are necessary in Typhus M., and if due attention be paid to the alimentary canal, viz, diet (i.e.) avoiding all animal food, allowing a free current of air into the

43
room but not falling on the patient, the
linen daily changed, the floor of the room
washed with vinegar & water to guard of con-
-tamination, all excrementitious matter remo-
-ved as soon as it passes from the patient,
he will recover & there will be little or no
danger from infection - Typhus Gravior -
the indications of cure in this is precisely the
same as that in the last - as it differs from
the other only in degree; the remedies to be
used must be stronger, with this exception,
the treatment pursued will be the same as
in Typhus Mitior, giving the same purgative
with the Bark & Acid, the same diet &c.,
but if after pursuing this mode of treat-
-ment, we should find the powers of life
become more exhausted, we must then
have recourse to the diffusive stimuli, as
some form of Alcohol, wine for instance

44) the quantity of which to be taken by the patient must be regulated accordingly, giving perhaps from 6 to 8 ounces daily - the mode of determining whether it does good is this, if it increases the strength of the pulse without increasing its velocity it has that effect, but if on the contrary it increases the velocity without strengthening it, then it does harm & must be discontinued and other stimuli be given as Ether \frac{ss} to \frac{j} with Mist. Camphora \frac{ss} every four hours, or Opium, or Mustk as Mist. Mosche \frac{ss} to \frac{j} with \frac{ss} Ether. Sulph. \frac{ss} & Opium \frac{ss} to be taken every three or four hours, & lastly Camphor as Camphor et Moscha \frac{ss} & Opium \frac{ss} to be made into pills & taken every four hours - these are considered as the most powerful stimuli in proper. When a severe diarrhea occurs in the

(45)

disease, which often does happen, such reme-
-dies must be given as will allay it as Mist.
Catech. \mathfrak{zj} Conf. Aromat \mathfrak{zj} Ropii \mathfrak{ss} to be taken
every six hours (si opus sit) if this has not the
effect of putting a stop to the diarrhoea add
Pulv. Catech. \mathfrak{c} em Opio \mathfrak{ss} to \mathfrak{ij} & Opio glyster
made in the following form. Marsh \mathfrak{ss} warm
water $\frac{3}{4}$ of a pint Ropii \mathfrak{zj} to be injected every
six hours until the looseness is arrested.
Whilst you are giving any preparations of
chalk the Miniaci Acid must be discon-
-tinued, as this in combining with the chalk
will tend to produce diarrhoea - sometimes
good effects have resulted from giving Infer.
catechu with Pulv. Catech em Opio et Conf.
Aromat. If the diarrhoea is unattended
to after it has taken place, it will so
reduce the patient as to destroy life in a very
short period, or eventually do so. The bilious

16/ vomiting, occurs the saline draught in a state of effervescence with Effluvia ^{℥ss}℥v must be given, if this prove ineffectual then it will be necessary to endeavour to carry the bile downwards for which purpose we must give a few grains of Calomel. If excessive perspiration should take place it must be arrested by giving the following mixture
Acid Sulph. ^{℥ss}℥v Infus. Rosa ^{℥ss}℥v White ^{℥ss}℥v
Nopin ^{℥ss}℥v. When hemorrhage occurs the Bark & Acid must be persisted in. If the extremities are cold, warm fomentations, bottles filled with hot water, hot bricks &c must be applied to them giving at the same time the warm stimuli before mentioned. These remedies will in general cure the severer cases of pure Typhus or any much relieved by this malady is propagated by contagion

it will be necessary therefore to guard the ⁽⁴⁷⁾
attendants against its effect, chiefly ^{on} parti-
-cularly, & other more potent means must be
used, as introducing into the air of the room
a vapour arising from common nitre & Sulphur-
ic Acid dropt into it, submitted to a gentle
heat, this produces no detrimental effects on
the patient - vapour also from the combination
of Sulphuric Acid & Salt, but what is more
effectual in removing contagion, tho' highly
offensive & injurious to our organs, is the
vapour arising from the action of the Black
Oxide of Manganese & Nitric Acid, very
little of this can be brought ^{into} a room with-
out affecting our respiration, therefore its
seldom used but to purify rooms after the
removal of infected patients or in jails
and large hospitals - the means of
ventilation &c must be followed - Finis -

Gross & Typhus or Mixed Fever

Contagious; a fever composed of Synocha at the beginning, & at its progress & termination Typhus, it is therefore a mixed disease. It has been maintained by some writers that pure Synocha or Typhus never exist in Practice but that Typhus is the only form of continued fever to be met with, commencing with excessive excitement. It is very probable says Sir George that the same disease produces various phenomena in different persons, & that discrepancy of opinion which has prevailed in the works of Authors, has been owing, he thinks, to their not having allowed for the difference of Constitution, Climate or Diet. As it is the species of fever which chiefly prevails in London, you will expect that I shall give a detailed account of it.

(49)

There is no determinate period from the commencement of Synocha to its terminating in Typhus, it may supervene in a few hours, or not until a few days after the attack. And as we are seldom called in before the second day of the attack, the first stage is generally past & the Typhoid stage has commenced this is the kind of Typhus most prevalent in London, & only differing from the pure species by having at its first attack a short inflammatory stage, therefore we disregard this & treat it as Typhus, but when, & as it sometimes happens, this first stage should be violent and continue for a longer period, the recovery will depend upon what is done or administered during this stage - In the first stage we must diminish, & in the second increase the excitement in the system -

50. At the commencement of this disease there is an excessive excitement of the animal functions; of the organs of distinct sensation, as that of sight, hearing, and smelling, and from a function state of the nervous system the function of the mind is performed with a considerable degree of activity, different from health; delirium takes place of the violent kind requiring two or three persons to hold the patient; the pulse is full, strong & hard; respiration anxious; heat increased, the secretions from the blood increased, producing costiveness, thirst, diminution of perspiration, dryness of the mouth & fauces. at length the complaint changes its nature. the action of the heart & arteries is diminished in force but not in velocity, the pulse is weak so that a slight pressure will stop the circulation in the

(51)
which is stupor of the intellectual faculties,
takes place the patient being insensible to
external objects & lying in a powerless state,
sometimes a considerable muttering low
delirium will arise, so characteristic says
Sir George of Typhus, the muscular energy
will be greatly diminished, the ^{arteries} are
lapsed, the circulation being suspended, a cold-
ness in the extremities will take place -
there is in this disease an extraordinary
tendency to putrefaction, which the con-
tents of the alimentary canal plainly
point out. The patient, towards the latter
part of the complaint, writhes his body
& slides to the bottom of the bed, & when
there the weakness being so great he
is unable to move himself to his former
position, picks at the bed clothes, is unable

32, to protrude his tongue out of his mouth,
it is encrusted with a fur which will gradu-
ally change into a black colour, the eyes
are sunk & hollow, and there is a livid flush
in the countenance, at last the patient
is destroyed. There is in this as in Typhus
every possible degree between the mildest and
severest form - We shall readily understand how
a just diagnosis is to be formed by its uni-
formly consisting of two stages which I have
before mentioned. In forming your Prognostic
be guided in the early stage of the disease
by the violence of the symptoms or the mild-
ness, the last or Typhoid stage is that of
danger. This has a limited duration, it
seldom or never attains its height before the
4th or 7th day & in general not until the
14th or 21st day if the patient passes this last

53
found many have considered it as a favour-
able omen; if the symptoms continue increas-
ing, to the 14th or 21st day there is extreme danger.
The symptoms, that would announce an un-
favourable termination (or) death, are the
same as mentioned in Typhus; the effects
which sometimes arise from the extreme di-
minution of nervous energy is that the
extremities are dead many hours before the
patient finally dies. The patient is some-
times speedily cut off by a sanguineous di-
arrhoea supervening. If on the contrary this
disease terminates favourably, which it
often does by some critical symptom taking
place on one of the days before alluded to
the symptoms being the same as those
which occur in Typhus. The causes of the
disease are the remote & proximate, this
last involved in the same obscurity &
the same hypothesis applied by Hoffman &

4/ Produced by either, or other disease -
the remittent is divided into the preexisting
& exciting cause, with respect to the former
it does not attack or seldom does persons
far advanced in life & young children, those
however labouring under weakness are predis-
posed to it; the exciting cause is generally
contagion, that while this disease exists
a peculiar poison is generated & passes from
the patient, which poison infects those per-
sons whose state of body is favourable to
its reception; it is considered to arise from
animal miasmata, but sometimes, as in Typhus,
from other causes - Treatment. This fever be-
ing composed of two stages, in the first
of which there is great excitement in the
second a diminished - therefore the treat-
ment in different periods of the disease

must necessarily vary. In the first stage we⁽¹⁵⁾
must lessen the excitement with as little loss
of strength as possible to the patient, & our
plan of treatment must accord with the
degree of violence in the symptoms. It has
been asked whether bleeding is of utility in
Typhus fever - before answering this question
it will be requisite to ask what is meant
by Typhus fever, whether it has reference to
the pure Typhus or to the Typhus commonly
met with in practice which is Typhocholera,
if the former, Bleeding will be detrimen-
-tal, but if the latter, we must reply that
there is a stage of it in which bleeding
is absolutely necessary - it is not however
always to be admitted, as for instance in
large & crowded cities as London, where it
is seldom requisite to bleed, the fever no-

24, giving the Typhoid stage much sooner, the
constitution being more or less affected. & lastly
we are seldom called in before the Synochal stage
is past & that of Typhus commenced. Now al-
though bleeding has not been found the
most successful in this town (London), yet we
are informed by the Navy Surgeons that the
most beneficial effects have resulted from
the prompt use of this remedy, & even that the
disease has been cut short - this last effect Sir
George says is almost utterly impossible &
that it seldom happens, that we are able
by any remedies which we can suggest
to put a stop to continued fevers - we can
only lessen or modify the violence of the symp-
toms - the duration of the first stage is by
no means limited. Before having recourse to
the lancet we must consider, whether the

(5)

continued excitement will not remove the patient
strongly more, than taking from 20 to 30 ounces
of blood from him - & finally we must come to
this conclusion that it may or may not be
expedient to use the lancet according to the
symptoms, that prevail when we are first called
in. Emetics have been considered to have a good
effect when there is a morbid state of the sto-
mach. Headache is generally to be attributed
to this cause in the commencement of fever
as an emetic we may give Ant. Tart. \frac{ij} or \frac{ss}
Chlor. Sulfur. ca. Ant. Tart. \frac{ss} . Purgatives have
been also used as Calomel \frac{ss} & a few hours
afterwards the Black draught, which must be
repeated at intervals until it operates. Di-
aphoretics may be employed with very good
effect as Sy. Acum. Rect. \frac{ss} Mist. Camphor.
Tib. to be taken every three hours. We must
watch carefully for the super-vention of the other

stage, in which we must have recourse to
 bark as the secret. Euclypse and Muricetic
 Acid as directed in Syphilis. If the attack has
 been slight no other remedies will be requi-
 site except occasionally attending to the ali-
 mentary canal. But if the symptoms are
 more violent it is the London Practice to em-
 ploy local remedies rather than the secret
 as applying leeches to the temples. If in the
 second stage the symptoms appear the same
 as those mentioned in Syphilis, then the treat-
 -ment must be similar. Nothing is a
 greater mistake than to give wine in the
 first stage of this malady, as some prac-
 titioners do, in order as they suppose to short-
 en the second stage, on the contrary it in-
 creases the vigour of the system already much
 diminished, & in the end causes the death

of the patient, but if you give it on ~~the~~ ^{5th} next
day, when we may suppose the second stage
to have begun, the most beneficial effects will
be the result. The stimulents here requisite are
the same as those used in the pure Typhus
as Brandy, Opium, (Ether, Mustk, Camphor
&c. The most fatal form of Typhus is a
complicated one (i.e.) the first ^{stage} does not end
near before the second commences, as we find
the pulse small, weak, & frequent, attended
with violent & wild delirium, or the patient
not able to stir from his bed tho' weakly,
yet the pulse is hard, full & frequent &c -
- accompanied also with wild delirium - Our
practice here will be very difficult & puzzling
as by giving medicines to abate one symptom
we increase the others, therefore we must be
particularly watchful for the symptoms being
milder, applying warmth to the extremities,

60) If he has & cold to the head, the rest of the treatment must be similar to that followed in Typhus whatever symptoms may arise—

Order II. Phlegmasia.

Characterized by inflammatory fever; phlogosis or pain in some one external part; with some internal functions injured; the blood, when coagulated, exhibiting a white viscidous surface.

When there is redness, heat, pain & tumefaction accompanied by fever, it constitutes inflammation; which Galen defines to be a superabundance of the humoral fluids—that produces the symptoms above mentioned. others that it is a morbid lentor of the blood clogging up the extreme vessels; and some that those symptoms arise from a spasmodic action of the extreme vessels, and a more

favourable theory is that the vice generally
increases action in the vessels of the affected
part, & likewise a distention in them beyond
their natural dimensions, which may be pro-
duced by blocking or friction for any length
of time. John Hunter after making a di-
versity of experiments on this subject, came
at last to this conclusion that the tempe-
-rature of no part of the human body can
exceed that of the heart, therefore that the
heat in internal inflammations is not
increased, but on the contrary, where the heat
is less than that of the circulation, as where
tumours form on external parts, the tem-
-perature will be raised. That tension (i.e.)
swelling or tumefaction is owing to an in-
-cipient enlargement of the vessels. That
the colour depends on the red globules of the
blood being able to enter the extreme vessels,
in consequence of their distention. That the

63. Pain is produced by the accumulation of
the extreme vessels, & the entrance of the red glo-
bules of blood. Whenever this local change
takes place it is accompanied by some gene-
ral change in the constitution, which is de-
nominated symptomatic fever. The redness in
inflammations is generally greatest at some
central point & gradually diminishes from there
all around untill it is lost, in some cases
however it is more abrupt therefore more con-
spicuous & distinct; it disappears on pressure,
but quickly returning when that pressure is
removed; it is sometimes florid at other times
much darker colour. When parts have been
only slightly inflamed, & the person dies & is
examined, no signs of inflammation will
be found the redness disappearing after death.
The pain too varies, it may be acute, dull,
throbbing, burning, and likewise it may

c. Tumors or a tumid state, altho' ⁶³ the process (or) lasting with the same violence at origin. It is also, again the fact is - one... Parts which appear insensible in their healthy state, when inflamed become exquisitely painful as tumors, legiments, &c. the sensibility of some parts when inflamed, as the organs of distinct sensation, become heightened, as when the Schneiderian membrane of the nose is affected, there is a loss of smell altho' the sensibility in another nose of the wind is exquisite, as when this part touched the tumor, arising from exudate of blood in the vessels of the part, & their consequent distention, as before mentioned, is greatly increased or augmented by the extravasation of serum, coagulation of lymph or blood; when the former takes place it is known by the elasticity of the tumor, when the two last by the tumor being harder & more permanent (cc)

4 remaining - ended for sometime after
the inflammation ceases. The rapidity in
the progress of inflammation will vary ac-
cording to the part affected; in parts that
are compact its progress will be slower than
in parts that are looser or cellular substance.
It is produced by a variety of causes, as by
friction long continued, this friction then is
called the cause & the inflammation the
effect, & as in this case the inflⁿ takes place
exactly where the friction is applied, the
friction is likewise called the direct cause -
On the contrary when a person has been
standing with his feet in cold water & in-
flammation of the lungs is the consequence
the cold here is said to be the indirect cause.
It is produced likewise by mechanical and
chemical means, the former as by violence
of any kind, the latter by taking some che-

...tance, which has a tendency to
produce that effect. It also is produced by
causes which effect a fever - but once as the
poison of the disease, Venereal disease &c.

Genus VII. Phlogosis, or Cutaneous Inflammation
the symptoms of which I have given before; the
species are 1st. Phlogosis Phlegmonosa, characterised
by the inflammation being of a vivid red colour,
with a circumscribed tumour, generally
rising to a point; often terminating in abs-
cess, and accompanied by throbbing pain.
It varies 1st in form. 2nd in the part affected.

2nd Species - Phlogosis Erythema (or Erysipelas)
Characterized by the inflammation being
of a reddish colour, disappearing on pressure,
with an irregular circumference; the tumour
scarcely perceptible, ending in cuticular
scales, and in pustules or vesicles with burn-
ing pain. It varies 1st in intensity 2nd in its re-

66. note cause. 3rdly being complicated -
Phlegmon may be succeeded by Abscess or
abscess. Thus, if, after some part of the body has
been suffering for a certain period of time under
an attack of phlegmon, the pain & throbbing
in that part ceasing, & the tumour rises
whitish, soft, enlarged and itching, then we
may be pretty certain that matter is formed.
Phlegmon may be succeeded by Spacelus - the
first stage of which is termed Gangrene, & is
characterized by the part becoming livid, soft, little
sensible; and frequently with vessels filled with
blood; then the last stage or Mortification suc-
ceeds, known by the part becoming blackish
bluish, easily lacerable without feeling or
heat; and with the pector of putrid flesh; the
injury quickly spreading. It must be re-
membered says Sir George, that these symp-
toms are only applicable to external parts.

(67)
The internal symptoms, & the symptoms attending
the existence of any of the above mentioned
consequences of infl.ⁿ internally, I shall relate
you when considering these separate diseases.
Most Writers have given a number of sequelae
to inflammation, as resolution, effusion, absorp-
tion, suppuration, granulation, cicatrization
& lastly mortification. It is termed Resolution
when the infla.ⁿ subsides or terminates, and
the parts return to their former state without
leaving any marks of disease. It is termed Effu-
sion, when serum, mucus, pus, coagulable lymph
& blood is effused into some part of the body.
These may all occur as the consequence of infla.ⁿ
The 1st takes place when infla.ⁿ exists in serous
membranes, which are found in all the cir-
cumscribed cavities of the body, and secrete
a serous fluid; when this secretion is augmented,
there is a larger quantity of serum effused

68 which being more than the absorbents are
able to carry off occasion what is termed, Ef-
fusion by Serum, which frequently happens in
the Pleura. The 2.^d is Effusion by Mucous. You
must know that all the passages of the body,
having an external opening or orifice, are lined
by a mucous membrane, as for instance the
mouth, alimentary canal, urethra, vagina
&c. these passages when affected by inf.ⁿ throw out
a greater quantity of mucous fluid, more than
the absorbents are able to take up, & the con-
sequence is there is an Effusion of Mucous -
On some occasions when inf.ⁿ attack, either a
serous or mucous membrane, a fluid like pus
is produced, owing to a morbid action of the
vessels, as inf.ⁿ in the urethra, & not from ul-
ceration, as also inf.ⁿ of the peritoneum form-
ing a quantity of pus in the abdomen.
The 4.th is Effusion of Coagulable Lymph. This

69
The takes place in inflammation of the
Pleura, in which after the patient's death, on
examination is found a portion of adscutitious
membrane which when analysed is found to
be fibrin or coagulated lymph. It is not con-
fined only to serous membranes but may
occur in mucous M. as in some cases of Croup
it is coughed up; also from inflⁿ of the bowels,
& dysentery where membranous substance is
eff^d by stool which if examined will be found
to be fibrin; it perpetually occurs likewise in
cellular membranes. It contributes to increase
the bulk & hardness of tumours situated in the
membrane, often leaving an induration for
some time & perhaps for ever in the parts as it
is very seldom reabsorbed. You know well that
when inflⁿ exists in any part of the frame
it is accompanied by preternatural excite-
ment in the vessels, therefore you cannot be
surprised that they sometimes burst & produce

76) what is called sanguineous Effusion: & the
change is the effect of it (viz) Adhesion
which takes place generally in consequence of
form of effusion which is that of Coagulable
Lymph. & Dr John Hunter observes that an
union can take place between parts without
the aid of coagulable lymph. Adhesion
takes place by means of this substance between
the Pleura Costalis & Pulmonalis, when the
fibrin loses its natural appearance & ap-
pears that of cellular substance, but before
it undergoes this change it will be found,
if injected with fine injection, to be very
vascular. Adhesions will often take place
likewise in the cellular membrane & abdo-
men from this cause. In wounds after coagu-
lable lymph has been thrown out, there will
appear on the surface small red spots, which
gradually increasing, form what is termed
Granulations. If the wound is brought together

with an intention of cicatrizing it after the
process has taken place it is then called union
-ion by the second intention, but if in recovery
cuts the edges be brought together & the wound
unites, it is called union by the 1st intention.

Genus VIII. Ophthalmia. The Eye.

Is characterized by redness & pain in the eye,
might offensive; for the most part accompa-
nied with effusion of tears. The species & vari-
eties are Idiopathic (See) when it does not depend
on form a part of any other disease. As Oph-
-themia Membranacea, which is infl^d in the
Tunica Conjunctiva; or in the coats of the eye.
It varies in degree of external infl^d & in the affec-
tion of the internal coats. Ophthalmia Tarsi
with swelling, erosion & glutinous exudation
of the Tarsus. It is symptomatic (See) when it
arises from a disease of the eye or other
parts. When infl^d affects the Iris it is then
called Aritis. It is likewise div^d into acute & chronic
not being Phlegmonous Complaint I. E. will give a full

[72] Genus III. Phrenitis. —

Under this term is included inflammation of the Brain and its membranes, which consist of three called Dura Mater, Pia Mater & Tunica Arachnoidea. The Brain is divided into Cerebrum, Cerebellum, & Medulla Oblongata. When inf^m creases any of these parts it is called Phrenitis, although when it occurs in the Dura Mater the symptoms generally differ in some respect. Phrenitis is characterized by retumet Pyrexia; violent headache; redness of the face & eyes; impatience of light & noise; watchfulness; furious delirium. — This Disease like others of this Class are marked by two kinds of symptoms local & constitutional; the former being considered as symptomatic. It usually begins with uneasy sensations in the head as a tightness, which in a short time constitutes pain, of

- Towards becoming extremely painful (73)
with flushing of the countenance & redness
of the eyes. The rest at first is only disturbed
but as the disease advances it is entirely pre-
cluded. increased action of the heart & arteries
which may be perceived in the carotids & tempo-
ral; chillings & after a short time a great
increase of temperature; great action in the
operations of the mind untill it is at last
obscured, but this does not supersede until
the constitutional symptoms have taken place;
sometimes the patient feels the pain in his
head in different parts of it; he talks inco-
herently & violent delirium ensues; the eyes
project from their orbits with contraction of
the eyelids; the tongue is red at its sides with
white in the centre; light & voice exceedingly
pained; restlessness; urine scanty & of a red
colour depositing a copious sediment, flames

14 Small dry, no diminution of muscular power; the brain, sometimes lost at other, mor-
-bidly acute; the pulse much increased being hard
full & frequent. This complaint has a limited
duration & terminates generally in a short time
as in 7 days but possibly it may last till the
14th or 21st - after it is fairly established it is sub-
-ject to exacerbations & remissions, the exacerba-
tions occurring principally at evening or at
night. It sometimes happens that at the 7th
day the patient dies, not from any symp-
-toms which we shall be able to discover
in the Cranium, but from the extraordinary
excitement to the entire exclusion of nervous
energy. If it does not terminate fatally
after this manner, it will be liable to
those affections resulting from inflam-
-mations as resolution, suppuration & mor-
-tification & likewise effusion the result of

which is cohesion. if resolution takes place⁽⁷⁵⁾
it is marked by some critical symptoms
as evacuations by hemorrhage from the nose &
there is a circumstance attendant on such
phenomena which is difficult to be explained
as by a patient losing only a tea-spoonful of
blood he will be more benefited, than by any
thing we can do. Other evacuations will occur
as profuse perspiration; abundant diar-
rhea; copious secretion of turbid urine;
hemorrhage from the external or hemorrhoidal
veins & lastly a phlegmonous tumour rapidly
advancing to suppuration situated at the
angle of the jaw. If suppuration takes place
in the Cranium an abscess will form in the
Brain w^h will be announced by shivering, the
febrile symptoms remitting; the pulse
softer & more full; coldness of the extremities;
partial sweats; the face losing its marks of in-
flammation. the evacuations in the night are

76 accompanied with increased heat & profuse
perspiration, it then assumes the name of hectic
fever, which now goes through its course. The
inflammation proves too rapidly fatal. Inflammation of the Brain
is sometimes succeeded by mortification tho'
rarely, it seldom arises but from some external
violence to the cranium, the body being at the
time in an unhealthy state; it is known by
the inf. symptoms after running very high be-
coming suddenly remitting, accompanied by a
weak, tremulous, & intermitting pulse, and a
cadaverous appearance of the countenance
quickly destroying the patient. This complaint
is at other times followed by serous effusion
inducing compression - the symptoms of inflammation
remit, but not followed by any critical evo-
cations, & as the symptoms of compression con-
tinue those of compression will advance. This
termination of the inf. is not so rapidly fatal, as
when the symptoms are slight the crisis may
be arrested. Sometimes serous effusion

the consequences which ensue, being repeated
& the symptoms denoting its presence are the
same as those mentioned under suppuration
& formation of an abscess. When sanguineous effu-
sion takes place the Patient falls into an apo-
plectic state from which he never recovers.
If sanguineous lymph is effused the Patient may
live for a number of years but this kind of
effusion is very rare. If adhesion takes place the
person soon dies it being not at all compatible
with life but this occurrence is likewise ex-
ceedingly rare. These are the sequelae of gun-
nam the force of Revolution being the ter-
mination. Appearances post mortem - we
find inf.ⁿ of the Dura Mater - Coagulated Lymph
within the Membranes - & likewise Adhesion
has covering a part of the Dura Mater which is
sometimes found eroded - Inf.ⁿ of the Pia Mater
adhesion between it & the membranes above
it - Inf.ⁿ of the substance of the Brain, but
rarely happens but from external violence -

18. It is, or is very near to the substance
of the 15th - 16th edition - When the fluxion
of the system is not taken place, although it
does not destroy life, yet it prevents the operation
of the mind generally in a more or less degree
and even sometimes idiotism or Mania &
at other moments, as Mania, & thirdly where
the mental powers have been prevented, they
only continue so for a short period as a few
weeks or months & reappear again. In forming
our Diagnostic, we must observe the symptoms
described in the beginning of this treatise
which will very evidently distinguish this
Disease. Our Prognostic must be formed ac-
cording to the degree of violence in the sym-
ptoms present & of the part not affected.
This complaint is not only attended by im-
mediate but as we have found remote dan-
ger. If Phrenitis comes on suddenly with great
violence, & the patient being of that state of body
suited to it, being usually cut off in four days -

the proximate cause of Pleuritis is inflⁿ
of the Brain. The remote is divided into the
Predisposing & exciting cause, the former as it
happens in early manhood & in youth - not
in a weak & debilitated constitution but
of a full plethoric habit of body these have
been considered the predisposing causes, the
latter or exciting causes are those w^h tend to
increase the determination of blood to
the head, as violent exercise; exposure of the
head to a hot sun; some external violence;
causes that prevent the free return of blood
from the head. Treatment. In treating this
complaint we must first consider the
general & local excitement, the former
being considered to proceed from the local
change; as there is an increased action
of the heart & arteries, our endeavour will

80) to diminish the volume of blood,
blood letting - There is but one of a plethoric
temperament, we must bleed copiously, as taking
20g at a full stream from a large orifice - but
the arm is not the only part where we may
bleed with advantage, as the temporal ar-
teries or external jugular vein - after re-
section we must give a purgative as Infus
Cass. C. 3ij Mags. Sulph ʒj - Ext. Pilewortl. 6. ʒss
the draught to be taken immediately & if re-
cessary repeated in four hours in half a dose -
If the remedies we have been used have pro-
duced no effect, (that is) diminished the pre-
ternatural excitement, we must take it
away of blood & the above purgative given
in diminished doses every day - the patient's
diet should correspond with the treatment
& allowing them good toast & water, barley
water &c. only. You may now commence giving

low Temp. it is 1/2. Ammon. Chlor. 3/4. (3)
Dil. Nit. 3/4. of Ant. Tart. 1/2. every five hours
or Pale Interior. Every 6 hours. Medicines that
are calculated to produce nausea have the
power of lessening the heart action by
producing such an effect on the stomach as
to excite the Brain thro' sympathy as Ant
Tart. given in small doses. Cold applica-
tions must be placed on the head as ice on
the head sponged with cold vinegar &c.
The repetition of the bleeding must be re-
gulated according to the violence of the
symptoms, & at short intervals also apply
cupping glasses to the head warmth to the
lower extremities. Blisters are occasion-
ally used in this malady & applies to the
back, nape of the neck & lastly the head
or scalp, but seldom to the scalp as it pro-
duces a fever employing other remedies

1st Let it be kept quite still
quiet, the room darkened, with shades be
a large & airy apartment with a free
current of air passing through it. The
external as well as internal senses of the Patient
must be kept quite dormant. Be on your
guard for the critical symptoms occurring
& encourage them when they do occur, do-
ing nothing in your power to obstruct
it, as at that time to bleed or give pur-
gatives - if the symptoms decrease it will
indicate that the more violent remedies
must be left off or diminished & slight
Tonics or Bitter infusions given. If resolu-
tion does not take place there, general-
ly succeeds suppuration or mortification
here nothing can be done by the medi-
cal attendant. If effusion occurs the danger
resulting from it will be according to sit-

if punctured it will be fatal, but if ^{small} ~~small~~
then it will depend on the quantity effused
w.t. if it should be small the patient may
recover by its being reabsorbed. If sanguine-
ous then it will depend on the magnitude
of the vessels ruptured. If coagulated clots
this will either be followed by death or
disorder of the intellectual faculties
according to the quantity of lymph effu-
sed -

Gloss X. Quanche

Characterized by dyspnea sometimes of the
violent kind; redness & pain of the fauces.
Deglutition & respiration difficult; with a
sense of tightness in the fauces. The spe-
cies are 1st Quanche Tonsillaris (cc) affecting
the membrane of the fauces particularly
by the tonsils, with minor & moderate accom-
panied by Croup. 2nd Quanche Maligna

84) affecting the tonsils & mucous membrane
of the fauces with swelling, ulcers; and
mucous crusts of a whitish colour or ash,
covering ulcers; with typhus fever and
eruptions. 3. *Guanche Rachetis*: diffi-
cult respiration; inspiration loud; voice
hoarse; cough sharp; hardly any apparent
swelling in the fauces, swallowing not very
difficult; with *Synocha* & *Guanche Pharyn-*
gea: with redness chiefly at the bottom
of the fauces; swallowing exceedingly diffi-
cult & painful; respiration easy: with
Synocha. 5. *Guanche Parotidea*: with great
great external swelling of the parotid
& submaxillary glands; respiration & deglu-
tition little impeded, fever *Synocha*
in general slow. The symptomatic disease
of this genus arise from internal causes

85
& likewise from external causes - Gynanche.
Tonsillitis when a patient is first affected he
complains of a sense of tightness in the fauces,
his deglutition being painful, saliva increas-
ed, heat of the body augmented, together
with dryness of the fauces - the pulse full
hard & frequent, urine high coloured, animal
functions little impaired, bowels constipated,
thirst, expectorations in the evening, some-
times only one gland at others two is af-
fected, if the enlargement should be con-
siderable not only deglutition, but respi-
ration also will be much impaired, the
voice sometimes lost; a copious saliva will be
spit from the mouth, with swelling of the
submaxillary glands, the eustachian tube
becomes inflamed producing deafness, &
if the attack is very severe the face & cheeks
are swollen & florid, the neck stiff hard, tw-

86) inflamed & painful, the infl. sometimes extend-
ing to the membranes of the Brain - the in-
flammatory stage seldom continuing longer than
the 7th day generally only till the 4th ending
in Resolution & the signs of local & constitu-
tional symptoms disappear, but we seldom
expect to find a case of *C. tonsillaris* to end in
resolution, mostly in suppuration, an abscess
forming in the substance of the gland, burst
& the matter is evacuated, when recovery will
rapidly take place. You may know when sup-
puration is going to take place by the febrile
symptoms intermitting, the pains being lan-
guishing, & the swelling at the same time
increasing, the suppurative process does not
continue longer than 24 or 36 hours, if beyond
this time it is customary to open it with
a lancet - This complaint seldom ends in
mortification, but when it does the parts

become flaccid & of a livid colour, pulse weak
tremulous & irregular, breath very fetid, with
no pain in the part; great anxiety is expressed
by the patient. Another termination of this
disease is in induration occasioned by coag-
ulated lymph being effused into the cellular
texture compressing the tumour & not absorbed
it you may distinguish by all the symptoms
disappearing or abating yet the glands remain-
ing swelled. The Proximate cause is in the
remote is divided into predisposing & exciting
- causes, the former as it is more apt to occur
in the Spring than Autumn, & persons who
are of a habit of body favorable to inflamma-
- tory disease will be more liable to be affec-
- ted with this complaint than a person who
never has had it & of a different temper
The Exciting - as cold & moisture, sudden vary-
- ations of temperature, suppressed eruptions,
or any evacuations as perspiration suddenly

88) The Diagnosis will not here be difficult being a part under the observance of our external senses, it is accompanied by the inflammatory fever as symptomatic. There is seldom any danger to be apprehended from this complaint although it some times happens that the greatness of the swelling in the jaws will suspend respiration, but it is a very rare occurrence. What often retards the cure is that so soon as one tooth healed than the other is effected - Treatment - I must first remark that whenever any part which is necessary to life is effected with inflammation we must employ the most active means, but where this is not the case, less active treatment will suffice - Therefore when the symptoms in this di-

and so on etc (that is no febrile action
of any consequence existing) bleeding
will not be necessary, but give in the first
place an emetic composed of Puls Specar
℥ss But if the Puls Specar ℥ss But lastly
afterwards a purgative as the common Black
Draught or Elixir. Ullt & Infus. Senna
℥ij to ℥vii si opus sit. If the symptoms ex-
citement be greater then take away ℥xvj
of blood from the arm or jugular vein
after the Patient has been thus treated di-
aphoretics will be exceedingly proper as
Lg. Camomil Acet sp em Mist amyl ℥ij Lg
Cat. p^a. The mist must accord with the
general treatment. The bleeding to be re-
peated if necessary - Cold gargles may
be used as Ice-water or Lg. Plum. Umb-Dill
but the throat must be frequently wash
so these gargles will have no effect -

3 16) External remedies must likewise be
resorted too as Ict. & Ict. - Blister -
Mustard poultices & it is possible that the
external infl. w^t will be excited by the above
remedies will remove the internal disease
If critical symptoms take place you must
encourage them. If suppuration occurs
then some of your applications must be
changed as for instance it would be im-
proper to use cold Gargles therefore warm
ones must be substituted composed of
Water water or thin Gruel, warm poulti-
ces to be applied externally; the pus
usually discharged is generally of a very
healthy character. if from the enlarge-
ment of the swelling life is undangerous
it would be advisable to introduce into
the cavity a flexible gum tube, if this

could not be done we must resort to
Tracheotomy. If these unfavourable symptoms
should take place, wth announce mortification,
it will be necessary to give Bark & Muri-
atic Acid after the same manner as men-
tioned under the head of Typhous fever. If
the other remedies must be discontinued.
If induration takes place Sir J. Fathell says
he knows of no remedy w^{ch} we suppose that
will be able to relieve the patient, except
by Operation (i.e.) by ligature removing the tonsil
glands. Of Quincke Tracheitis, or Croup.
This complaint is incident to children, the
respiration is performed with a wheezing
noise, rough snoring, deglutition unin-
terrupted, without appearance of any tumour
in the fauces; it is a very acute disease
often terminating life with extraordinary
rapidity; it consists of infl^g lining the
mucous membrane of the fauces & Quincke

42 It presents two sets of symptoms constitutional
-al & local, the former being regarded as
-symptomatic of the latter. The child at
-first complains of pain & uneasiness in
-the loins after w^h there is an increase of
-heat urine high coloured, the secretions di-
-minished, great thirst & restlessness, in-
-spiration performed with a wheezing noise,
-the voice becoming shrill & soon a some-
-times supervenes. The wheezing noise is
-dependant on spasmodic action - It is a
-very fatal disorder notwithstanding the most
-approved modes of treatment have been resorted
-to too. Half the children who are attacked
-with this disorder die of it; suffocation being
-the cause. The favourable symptoms are, a great
-diaphoresis taking place, a plentiful secre-
-tion of urine, & a copious & free expectoration
-mucous - there sometimes a favourable termi-
-nation with an eruption of red blotches over

the surface of the body; but when bleeding (93)
is performed with more difficulty the pulse
becomes weak & the countenance flaccid
no remedies will be able to save the patient.
The causes are divided into remote & proximate.
This last is insignificant the former is unknown. Ex-
citing causes are application of cold, occur-
ring more frequently in Winter & Spring &
likewise when there is change of the atmos-
phere from hot to cold. Treatment. Our
object here will be to diminish the volume
of blood; recollecting that the disorder pro-
ceeds with great rapidity, therefore the re-
medies resorted to must be of such a nature
as to act immediately on the frame. Do not to
employ any remedies w^h do not produce
some effect in a few hours. If the child is
2 years old take 4 or even ʒij of blood from the
arm, then give an emetic of Ant. Tart ʒ^{ss}, &
after the operation of which the bowels must

14 be moved freely by giving of Hrs. Sub. Mus-
grij as in em Inf. Rem. Sp. every half hour
untill it procures eight or nine stools. We
should visit our patient again in three hours
& if we find the inflammatory action is
not diminished blood must be again
taken from the arm or jugular vein, with
cupping & leeches applied in the course
of the trachea, blisters externally, like-
wise Mustard Pultices, the latter to be
preferred to the Blisters; give also Diaphoretics
as Pulv. Ant. & keep up the action of the
bowels by $\frac{j}{2}$ of Calomel regulating the dose,
according to the age & temperament of the
Patient & violence of the symptoms, at short
intervals. This plan of treatment is to be
persisted in during the whole course of the
inflⁿ continuing; our object being being to
prevent the effusion of coagulable lymph
in the end will produce suppuration -

inhaling the steam of hot water or steam (35)
Lung with vinegar will sometimes do good.

When nature has produced this morbid secretion &
respiration continues to be performed laboriously
some Authors say the Operation of Tracheotomy
must be resorted to, but Sir J. Wenthill
is of a different opinion, as he says the
impeded respiration does not depend on the
closure of the larynx by coagulable lymph
for the secretion, says he, falls down into the
Bronchia stopping it up thereby producing
those symptoms above mentioned. If constitutional
symptoms arise they must be encouraged.
The Diet must be simple: the Expectorant
instrument taken the better. Cyanide
Parotidæ or Mumps. The symptoms
may be divided as the preceding disease
into local & constitutional. It generally
comes on with uneasiness towards evening
& the Patient complains of stiffness in

96) the week I when she awakes, in the morning, finds the parts much swelled; the pulse is strong, hard, and frequent attended with a mild Tympana. This complaint generally lasts from 4 to 7 days. A swelling of the breast in women & of the testicles in men, often accompany or arise during this disorder. Likewise the Parotis & submaxillary glands inflame & swell. It generally terminates in Resolution. The prognosis is always favourable, & Diagnosis very easy. The proximate cause is infl. of the Parotis & submaxillary glands. Persons who have had an attack of this disease are more liable to it than others. It attacks generally the young & robust; also excited by the application of cold; some have considered it as infectious. Treatment

This is very simple arising to its not (97)
being a dangerous complaint. Kinesick
will be here unnecessary; saline purga-
tives & diaphoretics are in general suffi-
cient with a vegetable diet; frequently
purgatives will suffice. If the breasts or
testicles should swell, fomentations may
be applied; if the glandular swellings
should suddenly subside & delirium super-
-vene (which is a very rare occurrence) --
warmth must be applied to the affected
part. Cyanache Pharyngea - this
complaint does not require a separate
distinction, being nearly allied to C. Ton-
sillaris & the treatment being the same
the only possible distinction between
the two being that the infⁿ in the
former being lower than the latter -
An emetic may be given at first combin-
-ed with a purgative as Potap. Tart. Elix. &c.
but 1/2 of Senna. Elix. &c. this sometimes stops if
further &c. &c.

Pneumonia. Genus XI

Pyrexia; pain in some part of the thorax;
respiration difficult and cough.
The species are, Peripneumonia, charac-
terized by the pulse being not always
hard but sometimes soft; dull pain
in the breast; respiration always diffi-
cult, and, except in an erect posture
of the body, sometimes impossible;
the face swollen & of a purple colour;
cough, in general moist, often bloody.
1. Simple & Idiopathic. 2nd Idiopathic
with fever 3rd Symptomatic. Pleuritis
is known by the pulse being hard;
pain in general of the right side, pun-
gent, & increased especially at inspi-
ration; lying on the side troublesome,
very painful cough at first dry, after-

is not curable; & often bloody - 1st Simple (95)
& Idiopathic. 2nd Complicated. a. with
b. with Catarrh. 3rd Symptomatic 4th Haem.
Pneumonia. ends in Pericard. after Pneumo-
nia not terminating in resolution; re-
-sistant difficult respiration and cough
- increasing on lying on the sound side; but
 hectic fever. Empyema. After pneumo-
nia ending in suppuration, after a few
days, a remission of pain; while the dif-
-ficult respiration, cough, pain on lying
on the side, & hectic fever remain; often
accompanied with a sense of fullness in
the breast; & with symptoms of hydro-
thorax. Pneumonia, before describing
the symptoms says Sir Geo. Sutherland
cannot remind you, that all circum-
-scribed cavities are lined by a serous
membrane, as the Pleura for instance,
as yet there are two, one for the right, the
other for the left side of the chest, form

100) The different processes w^h cover the ribs,
lungs, diaphragm & pericardium. The two
Pleura meet & form a triangular space
between them, which is called the Medias-
tinum; this is liable to infl^y. The Lungs
are situated on each side of this parti-
tion, the right divided into three lobes
the left into two, the whole of w^h is cover-
ed by the Pleura. All the blood w^h passes
through the body, circulates thro' the lungs.
The Trachea is divided into what are cal-
led the Bronchia, & then terminate in
the air-cells. The substance of the lungs
is parenchymatous. If Infl^y attacks any
of the parts above mentioned, it goes
under the name of Pneumonia, w^h
is known by pain in some part of the
chest, difficult breathing, cough & fever.
It is divided into two species Pneumonia
& Pleuritis, it is called the former

when the substance of the lungs is in-
flamed, the latter when the Pleura is
affected - in this manner have they been
distinguished from each other, but the
symptoms differ only in some cases, and
Morgagni relates, that he dissected the
body of a person, who was supposed by
his Physicians to have died of Peripneu-
monia, but when he inspected the
thorax he found only the Pleura affec-
ted. The symptoms by which we generally
distinguish Peripneumonia from Pleuri-
tis are the following, in the former the
pulse is not hard but soft when compa-
red with the state of it in Pleuritis,
the pain obtuse, constant difficulty of
respiration, & often unable to per-
form which unless the body be in an
erect position, the face bloated, and
often of a bluish color, cough very ^{strong}

102) accompanied by an expectoration of
mucous, sometimes streaked with blood.
A contrary set of symptoms distinguish
Pleuritis, which is thus defined, pulse
hard & frequent, pain in the right or
left side, very pungent & increases on
pressure and on inspiration, cough, un-
able to lie on the side, the cough being
at first dry, then moist and afterwards
bloody. Dr. Cullen declares says Sir Geo.
that one diagnostic symptoms will not
enable us to pronounce whether it is
the substance of the lungs or the Pleura
set is affected. There are two sets of sym-
ptoms prevailing in this disease con-
stitutional and local, the former being
referred as symptomatic of the latter.
The patient at first complains of a
sense of tightness & weight in the chest,
slight difficulty of breathing, & a little

short dry cough, these symptoms, as the ¹⁰³
disease advances gradually increase accom-
-panied by chillings & a sensation of cold
& after a time followed by increased tem-
-perature of the body, & frequency of the
pulse, thirst, the breathing becoming
anxious & hurried; a mild attack will
present only the symptoms above enu-
-merated; but the attack should be severe
then all these symptoms will be greatly
increased, & vary in different cases as the
pain being increased more in inspira-
-tion, likewise the difficulty of breathing,
& being situated in different parts of
the chest, tho' generally between the sixth
or seventh rib or under the sternum.
A cough is the constant attendant of
diseases of the chest, being sometimes
dry others moist, & the mucous expecto-
rated pulky & of an ash colour. at other

104) Mucous thicker being of an yellowish or
greenish colour, & sometimes red with blood
the secretions diminished, bowels con-
stipated, thirst, the tongue the same
as in inflammatory fever, the skin dry
& urine scanty; it generally continues
to the 7th, 14th or 21st day at the expiration
of wh. it may be resolved, & if resolution
does take place it will be marked by
some critical symptom as a copious &
free expectoration of mucus, profuse &
universal perspiration, hemorrhage from
the nose, a copious secretion of a later-
itious sediment in the urine, diarrhoea
&c, if any one or more of these symp-
toms occur on the 4th, 7th or 14th day of the
disorder, not at the same time reverts,
we may expect resolution, but if the
ill. 4. days last longer than 14 days, then

some other effect will take place more ⁽¹¹⁵⁾
unfavourable, & it will be known by the
Patient being seized with a shivering &
partial sweats, with a remission of the pain,
the cough, & difficulty of the breathing still
continuing with exacerbations of fever in
the evening, these symptoms denote that
suppuration has taken place, denomi-
-nated by Dr. Cullen Vomica, with a dy-
-siculty of lying on the sound side. & hectic
fever, & I will now explain to you, it being
symptomatic of this & other fevers; it depends
of local disease, more commonly attacking
scrofulous habits, effected with suppurating
There are two exacerbations daily, the
greatest being at 5 o'clock morn; the Pa-
tient feels a slight chilling & complaining
of a sense of cold, when to another his skin
feels warm, his pulse is from 110 to 140;
about 2 p.m. a remission takes place

116 But lasts till 5; the next afternoon the
noon exacerbation can scarcely be preserved,
profuse night sweats; urine depositing
a laticitious sediment; the tongue moist
& preternaturally red at the commence-
ment; bowels constipated, but towards
the last a diarrhoea. The weakness now
becomes excessive; in evening the men-
strual discharge ceases; the legs become
oedematous; the spirits not depressed
& in general good; the functions of the
abdominal viscera not much altered;
the mind confident to the last; this
fever commonly follows a sleep or remission
in the lungs, not if they should burst
in the Bronchia may possibly be expecto-
rated, but sometimes may suffocate
the patient; if they do not burst Phthisis
Pulmonalis will be produced, and the

constant formation of matter with (107)
Hectic fever at last destroys the Patient
slowly; he may die from excessive ex-
-citement before the venereal burst, or if
it should do into the chest, will be killed
by the remission of pain, while the other
symptoms continue, & a fluctuation will
be perceived. the case is now hopeless -
Adhesion may form between the Pleura
Pulmonalis & Costalis, but if this should
not occur, mortification may very soon
prove fatal. The serous vessels of the
Pleura may take on a diseased action
& produce pus (i.e.) secrete it, or fibrin
may be extravasated. The attendant fever
is Typhoid at first, & latterly Hectic -
extensive visceral disease is rare. The
diagnosis is easy, & as to the prognosis
if the symptoms are mild it is favour-
able. & serous effusion occurring is highly

108) dangerous. Persons, between 45 & 60 are particularly liable to it; sudden exposure to cold or violent exercise are excitants to its formation, as well as inhaling of noxious vapours. Treatment. We commence by taking 20 to 25 ounces of blood then give a cathartic of Infus. Scum. Eij Magn. Sulph. ʒi; after the bowels have been briskly moved, small doses of the aperient must be given thro' the complaint. If the symptoms do not abate in four hours after using the above remedy, take another pint of blood. Blood should be drawn early in these diseases & from a large orifice; diaphoretics may also be prescribed, & cupping on the chest, a blister to be applied to the part affected, promoting at the same time expectoration by the following Aetern. Pills ʒi added to a diaphoretic draught. If the

(109)
cough is severe & dry, & irritating, &
Saccharine mixtures are to be given; and
to diminish the irritability about the
fauces we may employ common syrup slight-
ly acidulated or equal parts of Syrup &
mucilage with a little Bay. Pills, also
an electuary of Conf. Rosa. & taking care
not to give any medicines w^h would con-
tract the critical symptoms if they should
occur. The diet should consist of thin gruel,
barley water, toast & water &c, and by degrees
as the Patient gets better, the gruel must
be made thicker, & to be allowed light por-
ridge; take care to obviate constipation,
it is liable to reproduce the infl. Digesti-
-lis has been employed to moderate the
action of the Heart & Arteries, but say,
Sir Geo^d I have seldom seen it produce
much good effect. The apartment in which
should be kept at 60° F. with a small fire

110) When an abscess forms & points externally,
it should be opened with lancet, but
if it bursts between the Pleura, the operation
of Paracentesis Thoracica has been propo-
sed, but it is scarcely ever performed, no
good effect (in general) resulting from it
& the wound being difficult to heal,
also it is not easy to determine whether
it is water or pus that is contained. If the
disease should terminate in Hydrothorax,
or serous effusion, it then constitutes a
complaint of the Dropsical Kind, which
will be treated off in its place. If mortifi-
cation occurs, then nothing can be done
to save the Patient; stimuli may arouse
him for a short period, but death inevi-
tably ensues. a most dangerous symp-
tom is when weakness prevails without
expectoration, in such case wine must be

given to prevent suffocation. If adhesion^{III},
should take place, there will be no particu-
lar symptoms to indicate such a termi-
nation; such a state is not incompati-
ble with life. It is necessary that, the
diseases of this order, should be treated in
a bold & decisive manner at their com-
mencement. Hippocrates & Aretaeus di-
agnosed & treated this disease nearly in the
same way, as Cullen has done. Hippo-
crates considering the mucous being strew-
ed with blood as not an unfavourable
symptom, Aretaeus on the contrary, thought
it very unfavourable.

Genus XII. Carditis Cullen.

Pain in the region of the heart; Pyrexia;
anxiety; difficult respiration; cough;
unequal pulse; palpitation; & syncope in
1st Idiopathic. 2nd Symptomatic.

112 / Cullen, Linnaeus, and Vogel have each considered Pericarditis & Pneumonia as one disease, but notwithstanding these high authorities says Sir G. Yuthill it is my opinion that the symptoms which present themselves are sufficient to make a marked distinction. If the malady is mild, it generally resolves in about 7 days. An abscess rarely forms, but adhesions to the sides of the chest may take place, or mortification. Effusion should occur it constitutes the disease called Hydropericardii. Pericarditis is a dangerous and frequently fatal disease, owing to their being a vital organ concerned, & that the centre of the circulation. The treatment - This like Pneumonia is to be cured only by evacuates. If the symptoms are severe blood must be taken from the

run until it produces delirium, (113)
afterwards a purgation as the Black-drage
to be given - Our endeavour here must be
to effect a resolution, as this may be con-
sidered to be the only favourable termi-
nation of this disease - therefore we must
repeat the evacuations at short intervals
again & again until the violence of
the symptoms abate - The skin being
in general dry, saline diaphoretics
will be useful given every four hours -
cupping & leeches applied to the region
of the heart will have a good effect when
the pain is severe; we may also give ex-
pectorants as Bryonal. Scilla &c. I. Spathula
does not approve of digitalis being taken
in this complaint, & likewise animal food
while the inf. & diathesis prevails. If an
abscess should form, I burst into the auricle
or ventricle, the matter mixes with the

114) blood producing instantaneous death, but if on the contrary the abscess bursts into the Pericardium, death will ensue, gradually accompanied, or more properly speaking preceded by a great degree of emaciation, & its progress towards that event will be slower - If the abscess in consequence of its adhesion to the ribs, should point externally, then it must be opened with a lancet. When empysema or Hydrops Pericardii occur, they quickly destroy the Patient. This is a complaint not quickly runs its course. If it is not resolved in 7 days our prognosis will be unfavourable

Genus XIII. Peritonitis. Cullen -

Pueria; pain in the abdomen; increased when the body is erect; but without the symptoms peculiar to other abdominal inflammations. 1st Peritonitis Pueria, in the Peritonium. 2nd Peritonitis Constricta;

in the Peritonium. 3^d Peritonitis Mesera ⁽¹¹⁵⁾
terica, in the Mesentery. Treatment. We
must commence our curative means by
taking 3xij of blood from the arm, & giving
purgatives every hour untill they operate,
resuspension should again be resorted too if
 requisite in four hours; also employing
Diaphoretics & applying a Blister to the
anterior surface of the abdomen. The warm
Bath at 96 deg, or warm fomentations to the
part affected will be serviceable. Leeches
or cupping will moderate the local symp-
-toms. Flight sedatives as Ext. Hyoscinum
& cooling Glysters may be given. If the
action of the heart should decrease under
this mode of treatment, but the pain
continues, the remedies must be perse-
vered in. Dr. Guthrie prefers the use of pur-
-gatives & diaphoretics. If mortification
or suppuration ensues the Patient is lost
if serious effusion takes place, it will be

116/ treated off hereafter i. on the head of
Acids. Genus Xth. Gastritis.

Cullen. Pyrexia, of the Typhous kind; an-
xiety; excessive heat & pain in the epigastri-
um, increased by anything taken into
the stomach; inclination to vomit, and
the ingesta immediately thrown out, recap.
1st. Idiopathic. a. from internal causes. 1st

Gastritis Phlegmonodes, with acute pain
& vehement Pyrexia. b. from external causes.

2nd. Gastritis Erythematosa, with slight
pain & fever; & erysipelatous redness of
the face. 2nd. Symptomatic. Before

Describing this disease, we must consider
that the Stomach is situated in the Epi-
gastric, & partly in the left Hypochondria
region, having two orifices a Cardiac and
a Pyloric, the former being the termi-
nation of the Oesophagus the latter the

commencement of the Duodenum; it (111)
has four coats, viz, a Peritoneal, Serous,
Muscular, and Villous. The pain will at
- ways persist out this disease - The pulse is
small & weak but frequent; great prostra-
- tion of strength. The distinguishing symp-
- toms between Gastritis P. & Gastritis E.
are very obscure. As in other diseases of the
stomach there are two sets of symptoms local
& constitutional. It commences by the
Patient complaining of uneasiness at the
stomach, the contents of which is ejected
attended with a troublesome hiccup. The
pulse is small, hard & irregular; thirst
great; countenance anxious; great depression
of spirits; the tongue dry & covered with
a brown crust; respiration as the malady
advances becomes difficult & interrupted;
coldness of the extremities; violent hiccup
&c terminate his sufferings. Resolution
is the only favourable termination, & is

118) generally announced by some critical sym-
-tom occurring about the 7th day, & never,
soon following; but if on the contrary, the
symptoms of infla continue longer than the
7th day, suppuration is to be feared. An
abscess may form between the coats, & its pre-
-sence detected by the absence almost of
pain, & the presence of hectic Fever. If it
bursts into the alimentary passage, the
matter may be evacuated per anum &
the opening heal. Mortification is to be
dreaded if the pain should entirely cease,
with a cadaverous appearance of the coun-
-tenance, coldness of the body &c. Death
in this case is certain. In our diagnosis
we must not confound it with Cramp,
it being distinguished from this malady
by the presence of Pyrexia, deprivation of
strength, & considerable derangement of
functions. Gastritis is a very dangerous

119
disease. The causes are the same as those
of the other diseases under the same
-masie, except where it arises from the
specific action of poisons. Post mortem the
coats of the stomach will be found thick-
-ened, the inner membrane will be red
& covered with spots of extravasated blood,
either fibrin or pus is found secreted.
Treatment. It was formerly thought, from
the weak state of the Heart's action, that
Bleeding was inapplicable; but now it
is well known that this depends on the
sympathy existing between the Heart &
Brain, and the diminution of nervous
energy, & that by abstracting blood freely
you lessen the inf. & irritability of the
stomach, & thereby remove the vomiting.
If medicines cannot be taken by the mouth,
clysters must be given; the warmth kept
up, and if the symptoms do not abate
in 5 or 6 hours, more blood must be taken.

120) Venesection is one chief remedy, as it diminishes the volume of circulating blood, & has the remarkable property of staying the vomiting; also a blister applied to the stomach. Calomel in the dose of $\frac{1}{2}$ will sometimes stay on the stomach when other purgatives fail to do so. The prostration of strength, (is very evident); being the reason why the Pyrexia present is called by Dr. Cullen of the Typhoid type, is generally removed by early depletion. When Diaphoretic & Purgative medicines will stay on the stomach. they ought to be given, of the former the effervescent draught, cupping or leeches applied locally were useful, & a low vegetable diet. In abscess, or suppuration medicines are totally useless, & if life is preserved after the occurrence of the above, it is by the favourable situation of the tumour. ~ ~ ~ ~ ~

Genus. XV. Enteritis. Exallia (121)

Form of the inflammation, sharp pain in the abdomen, spasms, & twisting about the umbilicus; vomiting and obstinate constipation. 1. *Idiopathic*. a. Enteritis Phlegmonosa, with acute pain; vehement

pyrexia, vomiting, & costiveness. b. Enteritis Erythematosa, with slight pain & fever; without vomiting & with diarrhoea. 2.

Symptomatic. This complaint has local & constitutional symptoms. The pain is described as twisting, & is concentrated about the part; tumefaction is frequently present; feculent matter is sometimes ejected by vomiting. When the disease is seated in the Duodenum, there will be a greater diminution of the action of the Heart, than when its seat is in the colon. It is a complaint not quickly formed, & may even destroy the Patient during

122 / the inflammatory stage. Resolution is generally commenced by a moderate discharge, or if the inflamed portion is low, flowing from the hamorrhoidal veins, & an increased flow of urine or perspiration. If after the 4th day rigors come on with a diminution of pain, & a sense of weight in the part, then an abscess or suppuration may be expected, but if after the infl. has been very severe, the pain should suddenly subside, mortification will ensue, tho' the poor Patient thinks he is recovering. In these last mentioned cases nothing can be done, but it must be left to Nature. Erysipelas is a troublesome symptom in this complaint. When we are called to a Patient labouring ^{under} what we call enteritis, we should be careful to find out if the Patient has an Hernia; for if so, the treatment ^{must} be directed accordingly. Treatment -

(123)
It consists in tapping at the commence-
ment from a large orifice about 20 or
30% of blood from the arm, afterwards to
give a purgative of castor oil \mathfrak{z} ; but
when there exists so great an irritability
of the stomach, that medicines cannot
be retained; Glysters may be given with
advantage containing some of the Ol.
Ricini; the warm bath at 100° \mathfrak{d} . as warm
fomentations will sometimes afford
considerable relief when applied to the
part affected; diaphoretics & local bleeding
will also be proper; the bowels must be
carefully attended too, being kept con-
stantly relaxed.

Genus. XVI. Hepatitis. Gallen
Pyrexia; tension & pain of the right
hypochondrium; sometimes purulent as in
Pleuritis, but often dull; pain at the

124 clavicle & top of the right shoulder;
pain in lying on the left side; difficult
respiration; dry cough; vomiting; hiccup.

1st Acute: marked by the above marks,
2nd Chronic. Often affording no signs of dis-
tinction. The symptoms in this disease
says Sir G. Yentworth vary according to the
situation of the infar, the pain being
more pungent when seated superficially,
and more obtuse when deep--
The complaint begins with uneasiness,
soon amounting to pain in the left
side; the urine is high coloured; the
bile being obstructed mixes with the
circulating fluids, tinging the coun-
tenance, & the mucous conjunctiva
of a yellow colour; occasionally delirium
is present, with tumefaction of the abdomen
& constipation, tho' sometimes a diarrhoea.

occurs, dependant either on the defi⁽¹²⁵⁾
-ciency or superabundance of the se-
-cretion of bile. It usually terminates on
the 7th day, accompanied by some cri-
-tical evacuations, it is then said to be
resolved. If suppuration should take
place, & an abscess form, bursting into
the cavity of the abdomen, it will too
destroy life. It may burst in different
ways, as from adhesion, into the in-
-testinal canal, into the biliary duct,
or through the Diaphragm & Pleura into
the Bronchia, in which last termina-
-tion, the matter will be expectora-
-ted, & the Patient very possibly reco-
-ver. His complaint terminates either
in resolution, adhesion, induration, en-
largement of the liver, suppuration
& lastly mortification. The liver is par-

126) - ticularly liable to suppuration & chronic inf.ⁿ Acute inf.ⁿ of the liver may exist without all the symptoms, w^t I have enumerated, being present, for instance, if the concave portion of the liver is inflamed, it being so remote from the Diaphragm, the cough & difficulty of breathing will not be so severe & less evident to be discerned, but sickness & vomiting will be more prevalent, in consequence of its vicinity to the stomach; which sympathises most readily - If the parenchymatous substance be affected the pain will be sharp, but if the peritoneal coat of the viscus is inflamed, the pain will be extreme in the shoulder, clavicle & stomach, being also more

(127)
during respiration. When the upper surface
of the vesica is effected, it will be attend-
ed with a dry cough & hiccup; the pulse
will be large & strong, beating from
110 to 120; the skin hot, with an effu-
sion of bile, & consequently jaundice,
delirium & tumefaction of the liver,
constipation of the bowels. If resolution
should take place it will be on the
7th day followed either by Haemorrhage,
a bilious diarrhoea, profuse perspira-
tion, copious expectoration, an abun-
dant flow of urine or a cutaneous
eruption. If suppuration occurs it will
be indicated by a clammy skin, cold
extremities, with occasional warm
flushings & hectic fever. Mortification
rarely occurs. Hepatitis may be produ-
ced by bilious calculi or by diet in the

128 / living; the colour of the calculi is commonly brown, but may be whitish or greenish, when cut into they will often be found compact & firm, and sometimes laminated & striated in the centre; differ in size & number, the largest seen by Lathill which I ever saw, was of the size of an hen's egg. Dr Hunter had in his collection, what is now at Glasgow, a gall bladder, containing upwards of one thousand gall-stones. These produce inf. by mechanical irritation. Hydatids are contained in a cyst, which is of a texture resembling cartilage, every hydatid having a separate cyst, in which they swim in a liquor; some have supposed that these possess life, & in the sheep their motion is perceptible, though not in the human subject, which may

be owing to the length time which ge¹⁷⁹
nerally elapses before the body is exa-
mined, the principle of life in these ani-
mals being then extinct. In sheep also their
organization is more perfect, having a
head & neck attached to a bag, but when
found in the brain of a sheep they resemble
those discovered in the human sub-
ject. When the inf^a extends through the
diaphragm to the lungs, which some-
times is the case, hydatids have been
known to have been expectorated in
considerable quantities. The liver in
some cases of suppuration has been a
mere bag containing pus. Treatment
but indications of cure will be the
same as in other diseases of this body,
with some modifications, for tho' this
complaint should be equally violent

130/ yet we must not bleed to the same extent & frequency, taking about 3xvi & giving directly after a saline or mercurial purgative or both, then diaphoretics; cupping or leeches may be applied locally, where resection a second time is necessary, above which it is seldom warrantable to bleed. If the vomiting is troublesome an effervescent draught may be given; if a dry cough expectorants; if restless opiates. Nourishing but mild diet must be given during the formation of an abscess, & after it has burst, supposing it to do so externally - in order to support the Patients strength, & mercury is recommended during the decline of the disease, to prevent induration, enlargement, or chronic hepatitis.

(131)
Chronic Hepatitis. This affection
shows no local symptoms, by which we
are able to distinguish it, but I am per-
suaded says Sir George that the con-
stitutional derangement will always
point it out; the diminished action of
the liver being very remarkable. This
complaint is perpetually mistaken
for Dyspepsia. There is commonly un-
easiness at the stomach, & tenderness
about the region of the liver on pressing;
digestion is badly performed; an obtuse
pain at the Scrobiculus Cordis & right
Hypochondriac region, with increased heat &
acidity of the stomach; sleep unrefreshing;
temper very irritable; the bowels irregular,
stools varying in appearance; the pulse
feeble; urine scanty; tongue fawn; slight
cough with evening exacerbations of fever
& night sweats. The disease may continue

132) for weeks or months, and then terminate in resolution or abscess. The danger in this last is the same as in acute Hepatitis, with the same chance of its pointing externally. This form of Hepatitis is not so dangerous as the acute, the former occurring generally in an exhausted & indolent constitution, the latter in a sanguine habit. The liver undergoes commonly a change in shape & consistence, especially the left lobe. Although there is an increased vascularity, yet blood-letting is not necessary to any extent; sometimes the complaint takes the middle course between the two forms, so that you can hardly distinguish, whether it takes the acute or chronic form. At its commencement, (as) when we are called in, we

give a purgative as Pulv. Khai & Calomel ⁽¹³³⁾
grs & the Pil. Hyd. grs cum melle at morning
when the Mercury has produced a slight
effect on the system, it must either be
diminished in proportion, or given at
longer intervals, keeping up the effect
for six weeks. Or we may rub in of Ungt.
Hyd. ʒi on the region of the liver - There
are cases, w^h mercury does not cure in
slight doses, but if given till salivation
is produced, then it has a favourable ef-
fect. Hyoscinus, Coccus & Taraxacum
have each been recommended, or the
Carbon. Sodee grs xvi & cr. Taraxacum -
Effervescent draughts must be given
if sickness should occur. This disease is
very fatal to Europeans in India from
some peculiarity in the climate, not
from the temperature - Cheltenham has
been recommended to persons returning

154 from the East, affected with this con-
-plaint. Sir G. Futhill thinks they would
recover as well in any part of Europe
as at this celebrated place, tho' he says,
the waters may have the effect of doing
a little good from their opescent quali-
-ties. The practice in India is to pro-
-cure salivation quickly by giving large
doses of Mercury, w^h we should not think
of doing in this Country ~~in~~
The form of Hepatitis mentioned by the
Greek writers, as Hippocrates, is the acute
w^h seems to have been most prevalent in Greece.

Genus XVII. Splenitis. Gallen-
-Sympia: tension, heat, tumour & pain in
the left hypochondrium, increased by
pressure; without signs of Nephritis—
We will say, Sir Geo. Futhill first describe

the Spleen - this viscus is situated in the ⁷³⁵
left hypochondriac region, between the
great extremity of the stomach, & the
neighbouring false ribs, under the edge of the
diaphragm, & above the left kidney, to all
of which it is connected by peritoneum.

It is of an oval figure; its external sur-
face is gently convex; its internal sur-
face irregularly concave, and divided by
a longitudinal fissure, into w^h its vessels
enter; it is supplied with blood from the
coeliac artery, which blood is returned by
the Vena Porta; its nerves are from the
solar plexus; its structure is parenchy-
matous & covered by peritoneum; it has
no excretory duct; the use of this viscus
has not as yet been ascertained. Infl^y
of this organ occurs in two forms, Acute
& Chronic; the former having two
sets of symptoms local & constitutional.
It commences with increasing heat in

136) the region of the Spleen, which gradually increasing, amounts, at last to pain, which is increased on pressure, the symptoms continuing to proceed, the Patient is affected with chilliness, increases heat & frequency of the Pulse &c. marking symptomatic pyrexia, the different secretions from the blood are lessened; the Skin is dry, with thirst; urine high coloured; costiveness - the infy symptoms generally proceed to the 7th or 14th day, when resolution may occur, being announced by some critical evacuation as Diarrhoea; copious perspiration; abundant secretion of urine depositing a lateritious sediment if on the contrary the infy symptoms become more severe, & continue longer than the seventh or 14th day, Suppuration will take place, which will be known by the Patient complaining of cold & shivering, with a re-

(134)
- markable exacerbation of fever towards
evening, with a remission of pain. If an
abscess should form, & burst into the cavity
of the abdomen, the Patient will die on
the 3rd or 4th day after the occurrence, from
Peritoneal infla; but Splenitis may termi-
-nate in effusion of coagulable lymph, caus-
-ing adhesion, in consequence of which
the abscess points externally, & the Patient
may do well. It may burst into the
stomach, & the matter expectorated or vo-
-mited, or it will pass thro' the alimen-
-tary canal, but effectually destroy your
Patient. It may burst into the Spleen
pneum. of the Colon & the pus evacuated
per anum, this generally causes death,
but the person may recover. & Mortificed
seldom cures, unless the disease is brought
on from external violence or injury as wounds.
Another termination is Chronic Splenitis
& permanent induration. It is liable to

138/ all the effects w^h may result from
Acute Hepatitis. Your Prognosis will al-
ways be favourable if the symptoms are
not very severe. As for your Diagnosis
you must refer to Dr. Cullen's description.
The causes are the Remote & Proximate --
Treatment. This must commence by
diminishing the column of blood from
the Heart, & from the part affected, by taking
3xij of blood from the arm, & afterwards to
give a Calomel purge as Hep. Sub p^{er} Pulv
Rhuiz ʒi, to be worked off with the com-
mon black draught; the bleeding must
be renewed if necessary, & the bowels kept
regularly open. Leeches, blisters
may be applied to the region of the Gall,
the Diet must correspond with the gene-
ral treatment. If critical symptoms
arise, you will be careful not to check
them. As the Patient returns to convales-
cence.

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since his diet must be made more
nutritive. If suppuration takes place
little can be done, except the abscessing
externally, when ^{let} warm fomentations be
applied, & the poultice used. During the
suppurative process the Patient's strength
is to be supported. -- Chronic Splenitis
this is a Disease which advances very
slowly. & commonly unperceived by the
Patient; the first thing which he com-
-plains of is a sense of weight in the
left side, when he is induced to take
medical advice - feels no pain in the
Spleen, but on examination it is found
to have increased considerably in mag-
nitude, extending past the Liver lobe
even to the right side; it must be
evident therefore, that the functions of
the abdominal viscera must be greatly
disturbed & impaired in consequence of

146) prepared; inducing dyspeptic symptoms
costiveness; the appetite very much im-
paired; also giving rise to dropsical
diseases, from the venæ cavae being prepared
preventing the return of blood from the
lower extremities. This complaint may
proceed for many years, until the Spleen
acquires the immense size before men-
tioned. Resolution is not marked by
any critical evacuation. Abscesses
may form. Your prognosis in the early
part of this complaint will in gene-
ral be favourable, but if the Spleen
has obtained a considerable size, & the
disease is of 3 or 4 years standing, it will
then be unfavourable. The causes are
the remote & proximate, the former be-
ing very obscure, it is apt to run after
intermittent & remittent fevers, & then

called the predisposing cause, which (141)
occurs especially in the East Indies, after
what is called the jungle fever. The treat-
ment is the same as that followed in
Chronic Hepatitis, trusting chiefly to
Mercurial preparations.

Genus XVIII. Nephritis. Cullen

Hæmaturia; pain about the kidneys, often
extending along the course of the ureters;
frequent discharge of urine, either thin
& without colour, or of a bright red;
vomiting; numbness of the thigh; re-
traction or pain of the testicle of the same
side. 1. Idiopathic. Spontaneous. 2. Sym-
ptomatic. The kidneys are two glandu-
lar bodies, situated in the posterior part
of the cavity of the abdomen, on each
side of the lumbar vertebrae, between
the last false rib & spine of the ilium.

142) and imbedded in a quantity of adipose membrane. It is of the conglomerate kind, & supplied with blood from the emulgent arteries, which is returned by the emulgent veins into the vena cava; it has nerves from the solar plexus. The kidney is composed of 3 substances, a corticle, tubular, & papillous. The urine is separated from the blood by the extremities of the renal arteries, which ramify very beautifully in the substance of the kidney, & terminate in what are called cryptae, w^{ch} open into the Tubuli Uriniferi, from thence into the Papillae & then into the calyx or infundibulum, & lastly it is received into the pelvis of the viscus, & passes along the Ureter into the urinary bladder guttation. One kidney may be the seat exclusively of infl^y or both; it presents

two sets of symptoms, local & consti. (143)
-tutional. It comes on with a sensation
of heat & uneasiness, terminating in pain,
nausea, chilliness, increased heat & fe-
-quency of the pulse; the pain is regar-
-ed as of a peculiar nature, the Patient
experiencing the sensation of fainting;
the pain in the testicle is of this kind;
that in the kidney is increased on pressing.
The febrile symptoms are moderate for
some days, then begin to be severe with
vomiting; the pain is not confined to the
region of the kidneys; there is an inclina-
-tion to pass urine frequently, w^h is some-
-times red, at others bloody; the bowels
are constipated, with pain, & retraction
of the testicle. The inf. stage may
proceed to the 7th or 10th day or 11th & 12th
Resolution will be known if it occurs
by the gradual subsiding of the symp

144) hours, accompanied by some critical
evacuation. It has often happened
says Sir George, that you are sincerely
sent for by the friends of the Patient, in
consequence of his having pees a consi-
derable quantity of blood by the Urter,
at which they are much alarmed, but
happily on your arrival you have to con-
gratulate him, it being a very favour-
able symptom. If the inf^r does not abate
I proceeds longer than the 7. or 14 days,
then suppuration will take place more
probably; no Organ being more prone to
take on the suppurative state, w^h will
be indicated by chills & shivering, with
partial sweats; a remission, & towards
evening an exacerbation of fever; the
abscess may burst into the Pelvis & the

Kidney, & the matter purged by urine; (145)
it may point externally & be opened by
a lancet or burst spontaneously - but in
both cases death will ensue, the orifice
wh. gave exit to the pus not healing on
account of the bad effects of the urine, wh.
produces sloughing - It may burst into
the colon, especially of the right side
where the kidney adheres more firmly. It
may burst into the cavity of the abdomen
if the abscess is situated at the anterior
- or part of the kidney; & lastly it may
burst behind the Peritoneum. If the
inflammation has been very violent, mortification
will ensue, known by a cessation of the
pain suddenly, great prostration of strength,
a cadaverous countenance, chilling,
coldness of the extremities &c. & when
Resolution takes place without being sur-
rounded by any critical evacuation, we

146/may not appear that inflammation has
taken place. This disease is often mista-
ken for Lumbago, but it is distinguished
from this complaint by the change
in the urine, nausea & vomiting, the
pain not increased by motion, the num-
bness of the thigh; retraction of the tes-
ticle, & fever, w^h symptoms do not occur
in Lumbago; it has also been mistaken for
inflⁿ in the Quadratus lumborum muscle,
& calculi contained in the kidneys, but
the pain in these two diseases is not ac-
companied by much febrile action. Your
prognostic if resolution occurs with cri-
tain evacuations will be favourable,
it being the only favourable termi-
nation of this malady. The exciting
causes are cold, external violence, great
exertion, retention of urine, & calculi. Dissection

149
pains that it is more subject to abscess than any other gland. Patients seldom die during the inflammatory stage of this disorder. It is known from other abscesses on account of the urinous smell which the pus, when the abscess has burst externally, has. Treatment. In treating Septicæmia your principal object must be to produce Resolution, by taking from the arm 16 or 20℥ of blood; the bowels to be acted on by an emollient injection & afterwards by the Ol. Ricini ʒij, which is the best & only kind of purgative to be given in this disease, the others as the saline & drastic causing great irritation in the urinary organs, it is to be repeated in smaller doses daily; if nausea & vomiting prevail the clyster is to be preferred, & used frequently to take of preputum (or) three times in the course of the day. Blister

148/ I mean the Empf. Lyttles are here in-
-applicable on account of the Sanguina-
rides producing great excitement in the
Kidney; but there are substances which
produce resorptions, that may be em-
ployed, as the Sulfur Potii or Tartarii
made into a poultice by mixing it
with Lem. Lin. far.; the best Diaphoretic
are copious draughts of barley water &
ether. S. Arab., of the former 1 pint of the
latter 3j. The warm bath & fomentation
will be useful. It will be necessary to
see your Patient in 5 or 6 hours again, &
if you find the symptoms unabated,
blood-letting must again be resorted to,
also local bleeding by means of cupping
glasses, w^{ch} is to be preferred to leeches.
The Diet must correspond with the gen-
-eral treatment. Critical evacuations m^{ust} be

be watched for, & encouraged when they ¹⁴⁹
occur. If Mortification takes place no-
thing can be done to save the Patient,
but we may relieve him by giving sti-
-muli as Camphor, Ether, & Opium -
-tincture in Symplicis. Paracelsus was
the first, who attempted by Chemical in-
-vestigation to discover the composi-
-tion or component parts of this substance,
but from the imperfect knowledge, which
the Greeks had, at that period, of Chemistry,
-rendered the attempt unsuccessful. It
was left to modern times to discover the
different substances, which existed in a
-calculus - for this discovery we are indebted
-ed to Dr Wollaston. They are found in
the Urine, Urter, bladder, and Gall bladder,
consisting generally of Lithic or Uric Acid.
We must look for the constituent parts

156) of the acids, or the different substances
which assist in the formation of urine.
The chief of which are Lactic Acid, Phosphate
of Ammonia, of Lime, and Magnesia; there-
fore Calculi may consist of either of these
separately, or combined. The manner
of their formation says Sir George is ea-
sily to be conceived, thus in an unhealthy
state of the urine there may be more
of either of the substances, or of all, deposi-
ted, than the water is able to dissolve, in
consequence of which a portion remains
which tends to the formation of a cal-
culus, which keeps gradually increasing,
the urine as it passes over it having some
of the Phosphates or Lactic Acid adhering -
Large stones are sometimes formed in this
manner. The largest portion of Urine
consists of water, which is the bulk of it.

from the consistency of sugar, (131)
to some, and alcohol & then distill it,
we shall be able to obtain a large part
of a dry substance called Urea. The colour
of it. Little colour varies from a yellow
to a brown, they are insoluble in water but
soluble in the fixed Alkalies as Lix. Potassa.
This Acid is composed of Oxygen, Hydrogen
& Carbon, & crystallizes in brilliant crystals.
There is a minor species of Calcareous form,
known under the name of Oxalate of
Lime, being a combination of Oxalic
acid & Lime; what is called the Milk
stone is of this species; the formation can
not be so easily explained of this as of
the others, as no Oxalic acid can be
discovered in healthy urine; this Acid
has a great affinity for Lime; Calcareous
matter is found in the Urine of the
colours of red sand, which is more rare,
it can be decomposed by the alkalis.

152) a *Vesicae* etc. I have since as proved that when any extraneous body exists in the urinary passages, there will certainly be formed for as the urine passes over it will deposit some of the Phosphates upon it. Dr. Tuttle mentions that there is in the propepion of Dr. Wellstan a calculus, in the centre of which is Oxalate of Lime, then a coating of uric Acid, the outer of Phosphate of Lime, & lastly of the triple Phosphate. In aged persons in diseased kidneys often acts as a nucleus. The observations, which have been made, show that the generality of Calculi consist of a nucleus in the centre either of Oxalate of Lime, Uric Acid Phosphate of Lime, or the triple Phosphate, & more or less; it may also be an extraneous body, as the end of a Pin or a piece of

The Phosphates are soluble in Acids as 153
the Alumina, the Uric Acid is soluble in
Subcarbonate of Potash or Soda, & xx three
times ^{a day} of this sort is given to a Patient
labouring under a fit of the gravel or uric
calculus, not as ever supposed to dissolve the
calculus, but to prevent the formation or
deposit of more. The French proposed in-
jecting liquids into the bladder containing
alkali; but the solution being obliged
to be made very weak, no happy effect
resulted from it; the experiments tried in
this country, have all proved unsuc-
cessful. Dr. Wollaston has lately discovered
a very rare species of stone which he
calls cystic oxide. Sir Ross & some exam-
ined three Gentlemen, who were suppo-
sed to have been cured of stones, first
mentioned, by the use of alkalies, the 1st had
an enlarged Prostate with a calculus in it

154. Bladder. The 2nd I saw 16 with the same disease of the Prostate, & in the last the stone was contained in a cyst - in the two first Sir R. concludes that the relief which they experienced during life was owing to the enlarged prostate removing the calculus from the irritable part of the Bladder. Of 156 calculi which there are in Mr. Hunter's Museum, 16 are of Lithic Calculi, 6 of Oxalate of Lime, & 128 of combinations of uric acid, the triple Phosphate, &c.

Genus XIX. Cystitis. Cullen

Pyrexia; swelling & pain in the Hypogastric region; frequent & painful discharge of urine, or total suppression of it; tenesmus. 1. From internal causes. 2. From external causes. Vesica Urinaria or the Bladder is situated within the

13
This immediately behind the Pubis,
& before the Rectum, it is connected
only at its upper & back part with Peri-
toneum. When we are able to discover
that the Tumor, which accompanies the
enumerated symptoms, does not proceed from
lesions in the Rectum, we may conclude
the Patient is labouring under Cystitis,
which has two sets of symptoms local
& constitutional; it comes on with pain
in the region of the abdomen about the
Bladder, this is soon followed by frequent
& painful discharges of urine, with a
pricking sensation felt at the neck of
the Bladder when the patient wishes
to void his urine, he now begins to have
cold shiverings, the pulse becomes more
frequent, these symptoms go on in-
creasing for several days, the pain,
which was at first confined, spreads over
the abdomen, & is much increased.

16 / If the inflammation along the course
of the ureters, the surrounding parts be-
come affected. the pulse is now rapid
& strong; the secretions diminished; tongue
white; heat increased; considerable thirst;
constipation; evening exacerbations attended
with delirium; and in many cases there
is total retention of urine. These symp-
toms after a longer or shorter duration end in
Resolution, or some unfavourable termina-
tion, as suppuration, phlegmic inf.ⁿ, ulcera-
tion, & mortification. Resolution is known
by the gradual abatement of the symptoms
about the 7th day, attended by some critical
symptoms as a discharge of blood with
the urine, Haematuria, a discharge from
the hemorrhoidal veins, or an abundant
perspiration. - This denotes a favourable
termination. If however the symptoms still
continue increasing after the 7th day sup-

punction is then to be expected which ¹⁵⁷
will be denoted by soreness of the extremities,
& of the back & neck, marked exacerbations
in the evening, & hectic fever. If suppura-
-tion should ensue, & an abscess form
between the coats of the bladder, bursting
at last into it, the matter being discha-
-ged with the urine, it will most proba-
-bly terminate favourably. It may also
burst into the Rectum & the Patient re-
cover. If it burst into the Abdomen, it
is uniformly fatal. It is possible for the
abscess to point externally, & either be
allowed to burst, or opened with a lee-
-cet, & the Patient recover. If the symp-
-toms after being very violent suddenly
remit, with a total retention of urine,
then it is to be concluded that morda-
-fication has taken place. The countenance
is cadaverous, pulse weak & irregular, the
whole system at the same time affected

158, with extreme cold. & after the 7th day
the urine contains pus & Mucous when
voided, the ulceration & chronic infl. has
occurred. Diagnosis. From Hypertitis by the
symptoms afterwards to be explained. Prog-
nosis. If the disease is moderated by our
remedies, the symptoms being mild, our
prognosis will be favourable, on the con-
trary if suppuration & mortification occurs
unfavourable. If ulceration & chronic infl.
ensue, all will then depend on the consti-
tution of the Patient, & his former habits.
The Proximate cause is infl. of the Bladder,
the exciting are cold applied to the loins, cal-
culi in the bladder; infl. of neighbouring
parts; substances taken internally as can-
tharides; infl. of the Mucosa in Gonno-
rhea; & lastly retention of urine from me-
chanical obstruction. Treatment. Take
the following from the ann. med.

collecting the strong sympathetic con-⁽¹⁵⁹⁾
action between the Bladder & Rectum, we
must evacuate the bowels with those pur-
gatives which irritate the least, as the
℞. Picini Lys, or Saline purgatives. The
warm bath & fomentations must be resorted
to. Mucilaginous drinks as the Decoct
Herbarum. Mucil. g. Arab. must be taken
in large quantities. If the symptoms do
not abate in four or six hours Blood must
again be taken. Local bleeding by leeches
applied to the Perineum & Pubis will be ser-
viceable. Lavative Glysters may also be
given, & if the pain is very severe add a
drachm of ℞ Opii. The Bowels must be kept
open daily by the ℞. Picini. If supp. the
flow nothing more can be done. then
to support the Patient by a nutritious
diet. In chronic inf. & ulceration injections
have been used with advantage with
Mull. Copait. Lys; the Uva Ursi also of ʒss to
ʒi taken internally. There is a 141

160) *menstr. & Hysteritis of each pt*

Genus XX. *Hysteritis*. Heller.

Hysteria; heat, tension, burning & pain in the hypogastric region; pain in the os tinea when touched: vomiting.

The Uterus or womb is a spongy hollow receptacle, somewhat like a flattened pear, situated in the Pelvis, between the urinary bladder & rectum.

Hysteritis seldom occurs except after delivery, the first symptoms generally come on two or three days after. This complaint has two sets of symptoms local & constitutional; it commences by the Patient complaining of heat, & uneasy sensations in the Uterus & Vagina, with chilliness, a full, strong & accelerated pulse, & other signs of sympathetic fever, as the disease advances

the inf^m attacks the appearances of the 161
Uterus, when the Patient begins to feel pain
in the back & loins like those of Labour,
the mine is hot, high coloured, & scanty,
with nausea & vomiting, thirst, consti-
pation, uneasiness, and an increase of tem-
perature in the part affected, the secretion
of milk is less, & the lochial discharge
is diminished, or both entirely suspended;

If you now examine the Patient exter-
nally that pressing on the Hypogastric
region increases the pain, that the tume-
faction in that part is considerably
augmented; the Uterus is felt to be hard,
and by introducing your finger per
vagina, & touching the Os tincæ you
immediately produce vomiting; like-
wise if the Uterus is pressed the same
sensation is produced, the heat in the
vagina is greatly increased, there is also
tremor; the diff. sometimes is exten-

11th / to the 13th . A retention of urine
is the consequence . This complaint once
established, goes on increasing in violence
untill the 4th or 7th day when critical symp-
toms may occur as an abundant secre-
tion of milk, & a considerable flow of
the lochial discharge, besides those usually
enumerated as critical symptoms in other
diseases, these are generally followed by
Resolution, but if the Pus should not
terminate thus, the Patient is in consider-
able danger the symptoms continue un-
changing to the 14th day when he feels a
remission of the pain with partial sweats,
& rigors, exacerbation of fever in the even-
ing &c. these symptoms denote that sup-
puration has taken place. If an abscess
forms, it may rupture into the vagina,
or the matter be evacuated by the Rectum.

which will be favourable, but if it bursts¹⁶³
into the abdomen very unfavourable.

If into the Bladder the healing process
will be difficult, & frequently end fatally.

If into the Rectum, the Pus being excreta
ted per anum, the Patient may recover.

It may rupture externally, but this
will be unfavourable, from infl^y of the
Peritonium occurring. It is more common

says Dr. Haller to find the Pus in the
large vessels of the Uterus. If the parts
lose their natural heat, & there is a
sudden suspension of pain, with a ce-
dareous countenance, then we are
aware that Mortification has ensued.

Diagnosis. It can hardly be confounded
with any other disease. except infl^y of
the Bladder, which sometimes occurs
at the same time, & will be known
by the retention of urine, in which ca.

114) the wine must be drawn off. Prognostic. It is a very dangerous disease but if medical aid be resorted to at the commencement, the Patient generally recovers, on the contrary if delayed even for a day, it will prove fatal - When the symptoms are violent there is extreme danger. Causes are the Hemote & Phlegmote. The former is divided into pre-disposing & exciting causes, the former is the particular state of the Uterus, which succeeds delivery, the latter is an improper exposure to cold, improper diet, or acrid spirits. Treatment: We must begin by lessening the local & constitutional excitement as quickly as possible therefore must take 3ij of blood from the arm in full stream, if only a small quantity of blood has been lost during delivery, more may now be taken. Purga-

but must afterwards be given, not (165)
those which act powerfully on the Rec-
tum as these are very improper, but
such as the St. Rimini Sy, or a saline as
Magen. Sulph Sy or Sy. Glysters also may
be used as the Decoct. Mordei C. We must
apply warm fomentations to the Hypoga-
stic region, & give Diaphoretics as the Lq.
Ammon. Acet. Senn. this time Camphore Sy
every four hours. The Patient ought to be
bled in 4 or 6 hours, & if the symptoms are
unabated another lb. of blood must be taken,
(the bleeding to be regulated according
to the symptoms afterwards,) & 12 leeches to
be applied at the same time to the
part affected. The Op. & medicines are to be
continued in diminished quantity daily.
If critical symptoms occur they must
be encouraged. The Diet must correspond
with the general treatment. Sedatives are

26, sometimes given to allay pain as ext
Hyoscinus gr. If suppuration takes place
you can only support the Patient by nour-
-ishments. If mortification, stimuli is
sometimes given.

Genus XXI. Rheumatismus. Gustin

The cause external and in general known;
Sympia;—pain of the joints, along the
course of the muscles, attacking the knees
& larger joints more frequently than the
upper ones, increased by heat. The acute
& vulgar Rheumatism is Idiopathic; it
arises in its seat. a. in the muscles of
the Arms. Lumbago. b. in the muscles
of the coxae. Sciatica. c. in the muscles
of the Throat. The M. staped. Musc. often
affected. Rheumatism is succeeded by
It is also (Chronic Rheumatism)

After Rheumatism, a violent strain ¹⁶⁷
or contusion succeeds, pains in the
joints or muscles, increased by motion, more
or less raging, and moderated by extreme
heat; the joints weak & rigid, readily and
often spontaneously growing cold; no py-
rexia & seldom any tumor. The Hemorrhoids
& Piles, are occasionally acute diseases;
but as they are most generally chronic,
they also properly belong to this place.

Rheumatism is both acute & chronic,
has two sets of symptoms local & con-
stitutional; it may affect only one part
or many; be general or partial; the
parts liable to its attacks are the fol-
lowing, (viz) the shoulder, hip knee
ankle, wrist, elbow, the muscles of the
loins & those of the breast. Morbid sen-
sations are first perceived in the part
affected, & shortly after, some of the

118) are established, causing according to the extent of the malarial (i.e.) of the parts affected: the Patient now complains of wandering constant pains, and is seized with chills & rigors, afterwards with increased heat, & frequency of the pulse, diminished secretions, & if many parts are affected at the same time, he loses all power of moving himself in bed, his pains are increased, especially towards evening, with exacerbations of fever at the same period; the parts after a time become swelled & tinged with a pale red colour, the pain when this appears abates a little, tho' it is very painful to the touch; sometimes the whole limb becomes tinged, & the Patient is unable to bear the bed-clothes on him. the urine is high coloured, pulse

urgent strong & acute, swelling from 100 to 130, face inflammatory, tongue white & moist, afterwards covered with mucous then dry, thirst, constipation, great perspiration, his appetite for food is lost sometimes attended with nausea & vomiting; it generally proceeds to the 7th or 14th day when Resolution commonly occurs, may be marked by some critical symptoms as a Diarrhea, miliaria, eruptions &c. Some have conceived that the Patient suffers more pain at night on account of the bed-clothes & heat, but this is entirely an erroneous idea, for most inflammatory diseases have this peculiar phenomenon attendant on them of exacerbations occurring in the evening. Acute Rheumatism differs from all infl^d complaints in this respect, we don't expect either Suppuration, or Mortification.

170) to happen but only Resolution, when
the disease declines, not always, accompa-
nied by critical evacuations, first in
one part then in another, the local & con-
stitutional symptoms abating first;
sometimes the contrary effect takes place,
as suppose the knee joint had been the
seat of disease, has got well, but the pain
is now transferred to the shoulder, soon
alternately shifting from that place to an-
other, or thus, suppose several of the joints
are affected, they all recover except the
hip-joint, in which the whole of the
pain seems to concentrate, both then
cases the febrile symptoms continue un-
abated. If the muscles of the chest are
affected, there will be a pain & sore-
ness in that part, with difficult res-
piration. If it is not resolved it ter-

minutes in Chronic Rheumatism. (170)

Diagnosis. This complaint can be con-
founded with no disease except Gout
which will be next described, & then there
will be no difficulty in the distinction.
It is sometimes says DuRoi confounded with
Lumbago & Lumbal Rheum, in the former
the pain is increased on motion, & the
latter is attended with hectic fever &
symptoms do not occur in Lumbal Rheum-
ism. Sometimes a fracture of the thigh
bone has been known to have been mis-
taken for Sciatica, but it has been for
want of a careful examination of the
part. When it attacks the muscles of
the loins it may perhaps be confounded
with Nephritis, but the state of the urine
will distinguish it. One diagnostic in the
complaint is almost always favourable
but is not regarded as in ^{notice} support by the pain.

172) which does not at all effect our progress, though it be used to some, but we judge by the violence of the fever. The constitutional symptoms have sometimes been so violent as to endanger life. Dr. G. Salkill says this is a very rare occurrence, for during the whole of his Practice he ^{has} met with only two cases in which the Patients died. Causes are the Remote & Proximate, the last is not accurately settled, for though we know that Acute Rheumatism has its seat among the joints, yet we do not know in what part, some have thought inf. to exist in the capillary vessels - The Remote is divided into Precipitating & Exciting causes, the last is apparent as cold & moisture applied to the extremities, where the circulation is generally low, injuries &c; with the first, Chills &c, &c, reasons are

ill effect with this disease, but which
is confined chiefly to adults, youth, and
men have, and the full sanguineous habit,
winter is especially productive, & also spring
of this Disease, the prevalence depends on
climate. Treatment. Our evacuations must
be only to a certain extent - the mode
of cure not being regulated by the pain
but by the constitutional symptoms.

Dr Sydenham relates, that in his youth
he was much to blame, for if the pain
was severe he was accustomed to bleed
largely, but now having discovered his
error he pursues a contrary mode, being
governed by the constitutional symptoms.

Blood-letting is to be performed until
the constitutional symptoms are relieved,
not caring for the local. Purgatives must
likewise be given. & Diaphoretics, the same
as in Typhus. When the constitution

41) Symptoms are not considerable resection will not be requisite. The local symptoms are to be relieved by cupping leeches & blisters provided the pain occurs only one part as Lumbago or Ischia, or when confined to the knee or any other joint. Warm fomentations are not here indicated, as heat increases the severity of the pain. After evacuation Opium may be given to procure rest, & promote sleep; resor. as. Pulv. Ipecac. C. ℞ at bed-time. The Diaphoretics to be given are Sq. Acum. & Mist. Camphora. ℥ij every 4 hours or Pulv. Antimon. ꝑss. & Sat. Tart. ꝑss. every 4 hrs. The Purgatives to be given may be either Calomel or Sulphur. The diet is to correspond with the general treatment. Embrocations of Camellia & Colman are often useful as Rhd. Sub. ꝑss. Ext. Camph. Rhd. Ml. Ext. cam. b. hris. If critical symptoms occur they must be managed. Anthrax & Chronic Rheuma-

175
The symptoms of this disease in
... from 167. This complaint
is said by Dr. Cullen to be the sequel
of the Acute form, but Sir George
says it may be & often is a primary
disease, liable to attack all those parts
which the Acute does, but not in gene-
ral affecting so many parts at the
same time. It has been observed by some
writers that the limits between Acute
& Chronic R. are not discernible. —

Diagnosis: from Syphilis by the pains
being ulcers when the R. is worn.
by the situation of the pain, as in Sy-
philis the pain is principally referred
to the bones, whereas in this complaint
the pain is the joints. A calculus will
often be very difficult to discriminate
so much so, that the celebrated Boer-
haave mistook his own complaint, which
he supposed to be C. R. but after death was

176 proved that it has been a cutaneous virus,
which has been tabarrising. Prognosis
always favourable, & unattended with danger
but it may trouble & afflict the Patient
for months or years & probably during his
whole life. The Proximate Cause is not ascer-
tained: the Predisposing are variable Cir-
cumstances & previous attacks: The Exciting
are cold & moisture, but frequently it is
only the sequel to the Acute stage in
Treatment. The remedies to be used in
this complaint are partly such as are
calculated to act upon the part affect-
ed, & such as are apt to effect it through
the medium of the Constitution -
Evacuations here are not employed to
the same extent as in other inflam-
-matory diseases - The use of the Em-
-menagogue is indispensable - & Purgatives are

view only to relieve a confined state (177)
of the bowels, not to procure great dis-
charges - for which we prescribe Hyd. Sub. ꝑr
the action of which may be increased
by a purgative salt taken 6 hours after
as Magn. Sulph. ʒj, or the vegetable
purgatives may be given as Pulv. Rhai
ʒj Calomel ꝑiv or Pulv. Jalap. ʒj Calomel
ꝑv or Scammony & Calomel. Diapho-
retics are frequently serviceable in
this malady. Mercury has been used
with very good effect in alterative
doses, & we may give it in the fol-
lowing form, Ext. Cornu ꝑr Hyd. Sub. ꝑp
to be made into a pill, & taken in
the morning & at noon, then at be-
-time this powder Pulv. Specac. C. ꝑr, the
pill & powder to be repeated daily - this
is found to be a very successful mode of

178 treating this malady. I have recom-
mended the *Pur. Antimo. p^r b. n. hora de-*
cussit, but it is not so serviceable here
as in the acute form. The Peruvian Bark
has been given in some cases, but not with
any great success. Sir George Thunhill says
it may be given with great advantage
when the pains have subsided, & there only
remains a weakness & rigidity of the joints.
Guaiacum has also been used in the form
of Tincture, as *R. Guaiac. ℥ss ter in Die.*
and the *Liq. Arsenicalis* - The Local re-
medies are Cupping, Glysters or Leeches
applied to the part affected, also, Blisters,
warm fomentations, the warm bath, this
last especially when several of the joints
are affected, the perspiration being after-
wards kept up - We also use friction with
oil, & sometimes embrocations as *Lini. Inf. sig.*

Lin. & Ammon. For. & the Lin. (Lymph. C. 114)

Some have thought, that the benefit derived from these liniments, has chiefly been owing to friction, & not to any property which they possess - Cold affusion is used by some; likewise Electricity, this last is a very uncertain mode of treating this complaint. Gunnel rollers often give great relief.

Genus XXII. *Odontalgia*. *Sagittaria*.

Genus XXIII. *Pilagra*. *Hellen*.

Hereditary, arising ^{without} apparent external causes, but generally preceded by an affection of the stomach; pyrexia; pain at some one of the joints, generally at that of the great toe; certainly attacking the articulations of the feet & hands chiefly.

180 alternating at intervals, also often al-
ternating with affections of the stomach,
or other internal parts. 1st Psoræa re-
trograda; with considerably violent inflam-
mation of the joints, continuing for several days,
and receding gradually with swelling
itching, and desquamation of the affected
part. 2nd Psoræa attonica. Debility of the
stomach, or other internal part, either
without the usual infl. of the joints, or
with slight & changing pain in them; &
with dyspepsia, or other symptoms of de-
bility, often quickly alternating. 3rd Psoræa
retrograda. with infl. of the joints, quickly
disappearing, soon followed by debility of the
stomach, or of some other internal part.
4th Psoræa attonica. with infl. of some
internal part; sometimes preceded by

of the joints, which quickly dis-
perses. The y. is sometimes accompa-
nied with other Diseases - that species
is of most frequent occurrence is *Podagra*
hæmorrhæis. Gout is a malady in which
the sufferings of the Patient are extreme,
and in which little relief has been ob-
tained from any remedies yet known,
although there is no disease where
more has been tried. The best description
of *Podagra* is that given by Dr Sydenham,
who was a very accurate describer of
diseases - Boerhaave mentions of him,
that he knew of no person or Physician,
who had described Diseases more accu-
-rately than Sydenham since the days
of Hippocrates. And what is singular
he did not attempt to write a descrip-
tion of Gout, until he himself had
suffered under the malady in various

182) years for the space of thirty years -
An Attack or Fit of Gout is generally prece-
ded by lassitude & weariness; low spirits; the
Patient complains of a load & fullness of the
stomach after eating, & is apt to fall
asleep; pain in the head; imbecilities of
mind; flatulency; heart-burn; pains in
the feet & cramp seizing them, a prick-
ing sensation in the thigh; the appe-
tite very good the day preceding; the
habit is costive; the Patient goes to bed
and sleeps soundly until about 2 o'clock
in the morning, when he is awakened
with a severe pain generally in the great
toe, (but other parts of the foot may be
affected) giving to the Patient the sensa-
tion of dislocation of the ankle, accom-
panied with a sensation of coldness, as
if cold water was poured down, slight
friction then increased heat & frequen-

cy of the pulse & other febrile affec- 153
tions; the most distressing symptom
is the pain, which becomes more violent
every hour untill the next evening (i.e.)
four & twenty hours from the commence-
ment of the Phlogism, affecting the small
bones of the foot, which feel as if they
were strongly squeezed by the hand -
the Patient is unable to bear the
least clothes on the part affected; the night
is thus passed in extreme pain, & rest
lessness, which symptoms continue to
disturb the P. untill the period above
mentioned, when if it is a favourable
case the symptoms shall subside so
quickly, that in two or three hours after
the cessation of the Phlogism, he feels
relief, & is surprised when he awakes,
to find the part red & swelled but no
pain: You are not to think that

184) the Pission has ceased, as it returns,
again the next evening, but with less
violence sometimes the pain concen-
-trating only in one foot, at others in both;
- & in some cases first in one then the other
alternately, so that the Patient suffers
for an indefinite period; but if a per-
-son who is of a robust habit has a fit
of the Gout (being the first attack) then
the malady subsides in about 14 days, the
paroxysms gradually diminishing in
- violence; very different will be the ter-
-mination in those advanced in life,
& who have been accustomed to fits for
sometimes, in them the disease will last
for two, three, four months or longer, attend-
-ed with costiveness, scanty urine deposi-
-ting the copious sediment; the action
of the stomach greatly changed, want of

appetite; regains tomorrow evening - as (185
the pain subsides in the part affected
the Patient complains of intolerable itching
& desquamation of the cuticle latter
place. A fit of the Gout generally leaves
the Patient better, than he was before
the attack, & the reason of this is very
plain, as, before the occurrence of the fit
the man may have been for some time la-
-bouring under dyspeptic symptoms
which he loses after the fit - this ob-
-servation, says Sir George is to ^{be} admitted
with regulations, for tho' the Patient may
have lost all his dyspeptic symptoms,
the functions of the system are more
liable to be disordered from slight causes.
Persons once attacked with this malady
are liable to its returns, being one of those
disorders, which leave in the system a predis-

186. - position for a recurrence; the second attack generally occurs at an interval of three years; the third at an interval of two years; the fourth of one year, then two in one year, & finally the Patient may only be free during the heats of summer (2) two months in the year; the symptoms in the latter cases are not so severe, & in these protracted attacks it is the constitutional symptoms which are most affected; after the first attack other joints are liable to be the seat of the disease alternately or at the same time, as the hands & fingers - also in the first attack the joints recover their usual suppleness, but not so when the Patient has suffered several, the joints then become rigid, & a state of lameness is induced. Calcareous substances are deposited in the feet

A great toe, the kidneys likewise per (18)
taking of the same action - There is often
a regular transition from Ptoagren Regulae
to Ptoagren extenua - which is that spe-
-cies, which consist of a morbid state of
the stomach, either without the usual
infr of the joints, or with slight & chang-
-ing pain in them, accompanied by fla-
-bulency, nausea, vomiting, cramp in
the trunk of the body, which are re-
-lieved by evacuating mind, & of the upper
extremities, pulse intermitting, the
Patient is very irritable & anxious
& death suddenly ensues - or the disease
may attack some of the thoracic or ab-
-dominal viscera, in which cases it
usually soon destroys the Patient, or it
may affect the head, when headache, se-
-tigo, dizziness, palsy & apoplexy is the
consequence or the Patient is soon destroyed

158) - 20, the symptoms long before that event occur, being a noise in the ears, full pulse, oppression at the breast, and preternatural redness of the countenance. There is no complaint which the Patient has been subject to, but what he may be affected with at the commencement of a fit of the Gout, hence says Dr. Sutherland you have Winter Spasms of the Gouty men - throat &c. - It is certain that when Patients are troubled with any of these affections, during which he is attacked with Gout in his feet, that they gradually abate, & at last totally subside - tho' such things occur the conclusion is not just, that they are symptomatic of Podagra. No person (or at least it is very rare) is ever affected with Podagra Asthenica, who has not been repeatedly subject to Podagra Rheumatica; but if suppose a Patient 30 years

of age, not born of Parents subject to (184)
Gouty affections, is seized with dyspeptic
symptoms &c, it would be impossible to dis-
tinguish whether the Patient was suffering
under *Passage Atonica* or not —
Passage Retrograda, is nothing more than
at the beginning the Patient is affect-
ed with *Passage R.* & at its termination
Passage Atonica. as to *Passage Aberrans*,
Dr. Cullen admits himself that he
never saw this species — *Diagnosis* —
Passage Regularis is a malady which
may be confounded with Rheumatism,
the distinction is, their mode of accession
being totally different, & Rheumatism does
not consist of repeated Paroxysms coming
on at certain hours, & departing again at par-
ticular periods. Prognostic. *Passage Reg.*
is unattended with danger except in old
people, when the danger arises from weakness,
Passage Atonica, is extremely dangerous —

140 The causes are divided into the Remote
& Proximate, the latter is very obscure & all
we know is that it is a specific influ
affecting the joints, but what part or
structure is affected is unknown; respec-
ting the Remote cause, it is divided into
the inspiring & exciting, of the former, the
most powerful is that which is derived
from the Parents, or being once affected
with Gout, you are liable to its recur-
rence; it is peculiar to cold & temperate
climates; those most subject to it are
persons of a robust form, seldom attack-
the delicate; affecting also those who have
led an indolent, incontinent, & luxurious
life, taking fermented liquors to excess,
on the contrary, those who live sparing-
ly, & are constantly employed, as the com-
mon soldier for instance, are seldom trou-
bled with the malady. This disease

olden makes its appearance before (141)
the age of 30 or 35 except when it is he-
reditary. then it sometimes attacks persons
at a much earlier period. The exciting
causes are, 1st. Suppose a person who has
been in the habit of being constantly em-
ployed during the day, & of living well,
suddenly ceases from any occupation, & begins
to lead an indolent life, but not to
alter his mode of living (&c) of eating,
this state is called the exciting cause, or
it is sudden derangement of digestion,
or intoxication, or perspiration being
suddenly checked, or exposure of the feet
to cold, or external injury of that part,
or in fact anything that tends to reduce
the circulation suddenly in the system
or that particular part. Dr. Mesgrime
shows that in those in whom gout is
hereditary, the stomach is generally aff.

192) & that those born of old Parents,
(meaning that the person was born after
his father was attacked with this malady)
are more liable to this disease than
Persons who are born of younger parents,
If a person never had the gout, & had
attained a considerable age, whatever
might be his mode of living, he would
not be subject to an attack of this disease.
Podagra Atroica generally attacks those
of a weak habit of body; Podagra Regu-
laris those of a robust. The Arthritic
symptoms which are apt to arise in
Podagra are in consequence of cold,
or obstruction of the bile. Treatment
^{of} Podagra Regularis. There are three
considerations which direct our
mode of treatment, 1st that Pod-
gra Regularis is unattended with

danger, 2^{ndly} that Pedagra Atonia 193
may be induced, & 3^{rdly} that this is a
very dangerous disease. We do not re-
gulate our mode of treatment either
by the local or constitutional symptoms,
which makes the plan of cure totally
different from all other infy diseases.
The reason is, that experience proves,
whatever is done to remove the local
symptoms endangers Pedagra Atonia
leaving the Patient in imminent dan-
ger, by converting a merely not at-
tended with danger into one that is
highly dangerous - The infy may be
removed, at the hazard I have mention-
ed, by cold applications, as well as the
exquisite pain, & Patients, in whom the
pain is exceedingly acute, will chuse ra-
ther to run the risk by plunging their feet
into ice water than cure.

194) it does not necessarily follow that Par-
-oxysm A. shall be induced, for the Patient
may recover - but on an average we may
conclude that this plan destroys one Patient
out of ten, & when that is the case, it ought
not to be recommended, or such constitu-
-tional ~~symptoms~~ ^{treatment} as Bleeding & purging
which have also been found to induce
Paroxysm A. there have been abandoned
by the most careful Practitioners - All
that we can safely do, is to cover the lower
to be kept gently open, the skin a little
moist, & the body of an equal tempera-
-ture - the treatment is not entirely con-
-fined to the Paroxysm, but also to pre-
-vent or moderate its return. What has
been known to remove Paroxysm altogether
is sold in the shops under the title of
Serravallo's, & Sir George Firthell's

tion many Persons, who after taking
this immediately recovered - It was tried
to decompose this medicine by the aid of
Chemistry, & from the experiments made
it is generally believed in England to
consist chiefly of the Calchicum Autumnale
- & Sir Richard Home, who is himself a
sufferer to this malady, relates in confir-
- mation of the above supposition that
when he is seized with Pains, by
taking an Infusion of Calchicum he ex-
-periences the same relief, & at the same
time from taking the Infusion as he
did from taking the medicinal, &
averts that Calchicum is as certain a
cure for Gout as Mercury for Syphilis.
Some Persons, who have taken of this reme-
-dy, say that it affords them great relief
but injures their constitution & vice versa

196) Some have died immediately after ta-
king it, but whether their death is to be
attributed to the remedy is a question,
which has deterred many from making
use of the Eran Medicinale, therefore
it is not so much used as four or five
years ago - the Acetum or Tinct. Colchiciz
was used. During the intermission one must
teach the Patient how he must conduct
himself, & to avoid the exciting causes, take
gentle exercise, if accustomed to wine or
spirits not to abstain from them sudden-
ly, regulate the alimentary canal &
attend to Diet, using cold bathing and
when the joints are rigid & stiff employ
frictions; if weakness prevails give tonics
In Podagra & Gout, during the intervals
we must endeavour to invigorate the
system - the plan of treatment pursued by
H. & Dr. Graham was this when sight

transient pains were to be felt (17)
in the part usually subject to them,
& after a time these recurred, when he began
to be troubled with nausea, vomiting,
pain in the stomach, flatulency, heart-
burn & marking the presence of dys-
pepsia, it was his custom immediately
on the occurrence of these last-named
symptoms to take some diluent in order
to reject the contents of the stomach,
afterwards to take 20 or 30 grs of Kōpū in
a glass of Madeira wine, then he went
to bed & endeavoured to compose him-
self to rest - by adopting this plan he
generally prevented the gout from pro-
ceeding & soon recovered - Sir George very
much approves of this mode, & thinks it
the best we can pursue, but besides the
means above named, he thinks it necessa-
ry at the same time to invoke the

148/ to the feet, by applying to them
cataplasms, blisters, punctures & forma-
-tions, by which means if we should be
so fortunate as to translocate it to the feet
then all danger is over, but if on the
contrary neither Alcohol or Opium pro-
-duce any mitigation, then the Pa-
-tient dies - The Bath waters have been
much extolled for their efficacy - If the
Gout should affect the Thoracic viscera or
those of the Head, the Patient will be
in greater danger than when the Stomach
is affected - The Gout in the head will be
removed by the change produced in the
powers of the understanding - This is a
hopeless case, but we must endeavour
to induce the Gout to the extremities by
stimulants - April 9th 1821

Order III. *Erysipelmatidae*

(195)

Character commencing with fever; at a definite time eruptions, often numerous on the skin, often contagious; affecting a person but once during life.

Genus XXV. *Variola*. Buller.

Contagious, synocha with vomiting, often upon passing the epigastrium. The eruption of small red pimples takes place on the third day, & ends on the fifth; which in the course of 8 days suppurate, & finally dry & fall off in crusts, often leaving little pits in the skin.

The species are, 1. *Variola discreta*; pustules few & distinct, in circumscription circumscribed, turgid; the fever ceasing upon the eruption taking place. 2. *Variola confluenta*; pustules numerous, confluent, having irregular margins, flaccid, & little elevation; the fever continuing after the eruption. 3. *Variola*

200) observed that this last species occurs
in two forms, being accompanied either
by Synocha or Typhochus & a putrid diathe-
sis; concerning the former species, the changes
which take place in it are exceedingly
regular, & the constitutional symptoms are
those which are first manifest; it has been
remarked that the febrile symptoms com-
mence soon after noon, when the Patient
is seized with languor, chillings, shew-
syness, afterwards with increased heat &
frequency of the pulse which is at the same
time full, thirst, the secretions of the body
are diminished, pains in the back, loins
& lumbar region, sometimes thro' rarely in
the loins, bowing is occasionally so great
that some supervenes, vomiting, at first
the ingesta only is brought up afterwards
bile, pain upon pressing the epigastrium,
bilious diarrhoea; adults are apt to perspire

my notes, and infants are subject (201)
the night before the eruptions break
to epileptic fits, starting in their sleep,
twitching of the muscles of the face,
cramps in the legs, & exacerbations of fever,
the eruptions appear on the third day, first
on the face & neck then over the body
in small red pimples, & are completed
by the fifth accompanied with sneezing;
as soon as the eruptions appear the fever
begins to diminish, & by the 5th day
subsides, on the 8th day small vesicles
make their appearance on the pimples
containing a whitish fluid, which be-
comes opaque, & is converted into pus,
the vesicles now are of a spherical form,
about the size of a pea, surrounded by
an inflamed circular margin; about
the 7th day if the pustules are numerous
the face is swelled, the eyes also are turn-
ed, when observing the death, when this

202/ subsides. the lower extremities, become
smaller. On the 11.th day the pus is discharg-
ed, which drying & hardening, falls off
in crusts, leaving the skin of a dark
brown colour, which will gradually dis-
appear, but if on the contrary the pus-
tules are numerous, & the matter dis-
charged of a dark colour, pits are gene-
rally formed in the skin. Sometimes on
the 7.th day if the symptoms are violent
great irritation in the throat & ances,
will prevail, with increased secretion
in those parts, hoarseness, deafness, &
the febrile symptoms considerably increase,
this only happens in Variola discreta when
the pustules are numerous - the fever then
returns on the 11.th day but lasts only a short
time. In Variola Confluenta some of the
phenomena are different from those of discre-
ta & experienced to a greater degree - it differs

its accompanying fever which is sometimes Symplic, at others Symplic 11
first stage of which is often very short, the
character of Typhus soon presenting them-
selves, in the worst cases of this variety
petechiae will appear on the first day
before the eruption, accompanied by
hemorrhages, which is highly dangerous,
in children epileptic fits will take place
on the 1st day - a diarrhoea will sometimes
precede the eruption & continue a day
or two after, if the stools are fetid, the
disease may be expected to be highly
putrid; the pustules will sometimes ap-
pear in clusters, & form matter sooner
than those in discrete, but are smaller
than them, of an irregular figure, & little
elevated, sometimes the face is completely
covered appearing like one large vesicle,
not surrounded by an inflamed margin, but
pale, containing a dark brown coloured fluid

204) In the most cases conglomerated blood
which is discharged on the 11th day, & vom-
its which are a long time disappear-
ing. The pustules in Confluent the crowd
in the face are often few in other
parts of the body. Salivation is a constant
attendant of this species, especially in
adults. When the eruptions appear
the fever does not cease but only remits
for a short time. If it affects the
the throat & fauces & there is no saliva-
tion, the skin will show a disposition
to mortification - If coma does not oc-
cur the Patient is troubled with vertigo
headache, oppression of breathing &c which
terminates his existence on the 11th day -
The Diagnostic symptoms are the child
starting in his sleep, with twitching of the
muscles of the face, & having an epileptic fit
the day before, if the infant says Dr. Syden-

505
brain is affected with these symptoms, he
should have no hesitation in saying that
menstruation would appear; it is to be distin-
guished from Menstrual confluxions, by the fe-
brile symptoms being milder, the stools
not being fetid, there being little or no sa-
livation, & the eruptions in the confluxions ap-
pearing on the second day & forming an
erythematous surface. Prognosis - if the e-
ruptions are flat, livid, numerous, inter-
spersed with Petechiae, & reticulae, then fol-
lowed by comae, a state of the Brain en-
sues from which the Patient seldom
recovers; likewise a great action in the
temporal arteries & carotids, & finally diffi-
cult deglutition, the whole of the above
symptoms are considered as highly dangerous.
But if the eruptions, few in number, ap-
pear on the third day, when the fever which
has been Synocha ceases & does not again re-
turn. These are considered as favorable signs.

266) The causes in the Remote & Proximate the latter is unknown, the former is divided into the predisposing & exciting cause, with respect to the former of these, all persons, who have never been attacked with it, are predisposed to the effects of contagion, which predisposition ceases after they have had the malady once. It often occurs says Sir Geo Thwaites, that although the Patient has been only slightly affected, the constitutional symptoms being little or none, with few eruptions, so as scarcely to be sick, yet this shall preserve the Patient from any recurrence of the disorder this life, notwithstanding it is as severe a malady as the human frame is subject too. The Exciting cause is specific contagion, this disease is produced by no other cause, & as a proof of this assertion, it is well known,

that Parola was wholly unknown (217)
in America, (the atmosphere of which
varies in its different States,) until it
was carried thither from Europe. Treat-
ment. It is the fever that must direct
our treatment here; the form which the
eruptions take will also regulate it;
but the renewal of the fever & the form
that it then assumes, is the most im-
portant. The Practice formerly adopted
was to cause the eruptions, to appear
sooner than usual, thinking that un-
seasonable eruptions quickly appearing was
a favourable sign, & in order to promote
this they caused the child to be confined
to his bed, covered with many clothes, the
doors & windows were kept closed, with a
fire in the room, this mode of cure was
pursued till near brought experience taught
us to the contrary, and we are now well
assured that the most favourable eruptions are

208) when the eruptions are small & early-
as these, as then the fever will be less, therefore
our treatment now is totally different-
if no secondary fever supervenes, the child
is safe, but if it does you cannot be an-
swerable for your Patients safety until you
discover what form the fever will assume
& its violence, if it be severe he will be
cut off in the 11th day. Our endeavour must
be to moderate the fever w^ot peculiar, the
eruptive & to procure scanty eruptions, then
as heat has a tendency to increase
the eruptions, we must direct the Patient
to be kept perfectly cool, by opening the door
& windows, to allow a free current of air
to pass through the room, the curtains of
the bed to be withdrawn & little clothes
covering it, the bed also should be a mat
trap not a feather bed as this is known
to give heat, the child should have

201
cold drinks given at when it is thirsty,
by pursuing this method of treatment
we shall greatly abate the violence of
the symptoms. Dr Sydenham directs the
Patient during the constitutional symptoms,
to be suffered to run out of doors, or to remain
in bed in the manner I have just men-
tioned. As soon as the fever begins, a light
farinaceous diet should be given, and with
respect to medicines, an emetic either
of Ant. Tart or Phos. Specac. followed by
a saline or mercurial purgative, the
latter is preferred as Calomel \frac{grij} to be
continued daily, if nausea prevails pre-
scribe an effervescent draught. Blood-letting
has been much recommended by Dr Sy-
denham during the eruptive fever, but it
is not now thought to be requisite, except
in cases where the violence of the symptoms
cannot be reduced otherwise, & the reason
is that this disease debilitates more than the

210 / system very much, and resection has
been thought to have a tendency to pro-
duce that effect & to increase it when
present. Diaphoretics may also be given -
When the febrile action ceases, the nutri-
tives used during that state will be
sufficient, but the Patient should be
purged every other day for a week with
the Black draught - in case, after proper
evacuations, if the child is restless, give
Ext. Hyoscinii. If the secondary fever sur-
pervenes, it is to be treated in the same
manner as the fever which precedes the
eruption. If the excited action be vio-
lently excited must be had recourse
to. Treatment of Variola haemorrhagica is
divided into two kinds, (i.e.) according as
the fever which prevails, be Sympcha
or Typhus. If Sympcha, the more violent
the febrile action is which precedes the

eruption, the cooler ought the Patient ⁽²¹¹⁾
to be kept. We commence our medical
treatment of this complaint in the same
way as in Variola discreta, by giving re-
sultive succedals by a purgative, & after
wards Diaphoretics; the emetic may also
be given in the secondary stage, provided
it be Sympetia - By using these measures
generally succeed in moderating the sym-
ptoms - No treatment has yet been dis-
covered that will shorten the course
of Variola - Our object is to moderate
the fever which precedes the eruption,
& to produce as scanty eruptions as
possible - If unfortunately the case
should be of a different nature, that is
the fever of a Typhoid type, our endeavor
must be to support the Patient's strength
& give him Tonics, as the Peruvian Bark
with Quinine acid & wine - in fact per-

212/- During the same mode of treatment as
in Typhus; if the pulse at the wrist be
small, at the same time that the carotid
artery beats violently blood must be taken
either from the neck by cupping glasses,
or by leeches from the temples; Blister
may be applied to the back of the neck,
cold to the head, and the feet to be im-
mersed in warm water. Internal inflam-
mations often succeed Variola, when such
remedies are to be used, as mentioned in the
treatment of such viscus when inflamed-
If infl. affects the throat & forces a Blister
is to be applied to the outside of the throat
& Gargles of Marsh M. used. The vomiting
which sometimes accompanies this disease
is best allayed by saline draught in a
state of effervescence with a small addition
of Opium. If Diarrhoea supervenes, and does

not produce weakness, it is to be used 213
cautiously. If the Patient is attacked with
Perspiration, the cooling plan is to be per-
sisted in the more - If the vesicles adhere
a little of the Ung. Spermacei is to be
rubbed on the edge of them - If the eru-
tion suddenly disappears, our endeavor
will be to reproduce them, by giving inter-
nally menth. ether, camphor, & Opium,
& applying to the surface of the body
warmth by fomentations, or a blister -

If the neck be swelled camomile poultices
are to be applied to it. In order to pre-
vent pits in the skin some Practitioners
have recommended opening the vesicles
early. - - - The first account we have
of Small-pox is from the Arabian Physi-
cians, the Greeks are quite silent on the
subject, it being probably unknown to them.
In order to prevent the disease, no Method

114) has been practiced with so much suc-
-cess as Circumcision, which was introduced
into England about 100 years ago.-
It happened that Lord Montague was sent
as Ambassador from this Country to Con-
stantinople, accompanied by Lady Mary
Wentley Montague, who, in visiting the
Serraglio of that city, was astonished to find
the children had no marks or pits on
them, which led her to enquire concerning
the reason of this, when she was informed that
it was owing to a certain operation which
was performed on them, which was merely
to raise the skin with a scalpel, & to intro-
duce a little of the matter, contained in
the vesicle, from a child labouring under
the disease. As soon as this Lady returned
to England she had her son & daughter in-
circumcised, (who was the first person that
was circumcised in this Country)

by a Surgeon of the name of Skillcock ²¹⁵
formerly it was tried on some criminals,
(who had been kept for execution, on condition
that they should receive a free pardon,)
with very great success, and in 1773 the
the Royal Family were inoculated, &
after which it became much in vogue,
& numbers were inoculated - a Surgeon,
who met with the greatest success, in the
Practice, was a Gentleman of the name
of Sutton, who has inoculated many
thousands, with very few unfavourable cases.
His mode was to take the fluid from the
vesicle, as soon as they appeared - Some Prac-
titioners prefer a different mode, & take
the matter when it is formed into pus -
There is a fact which is well known ^{by medical men} & held
by them; & you will find says Sir George
Sutcliffe unfortunately only by them, that
inoculation of the Virus does not produce the

216 / from the infant, being inoculated
from another, who was labouring benignly
under an attack - but this you will never
be able to persuade the Mother - Within
a few years says Sir Geo. Tustill an-
other mode has been adopted of preven-
ting the mortality which exists in small
pox, which is called Vaccination. It
has been long known in England that
the teats of a Cow will sometimes ulcer-
ate, & it has been discovered, that if the
Servant who milks the beast has a scratch
or cut on the hand or fingers, which comes
in contact with the matter from the
udder, it produces in a day or two an
inflammation of the part, & in a few days a vesicle
appears, from which matter is discharged
& hardens, afterwards falling off in crusts -
the Person, who had been thus affected, has

never been known to have an attack²¹
of small-pox - therefore it was ^{first} proposed
by Dr Jenner ~~first~~ to vaccinate, spe-
cially as this, which was called the cow
- pox, was not communicable through
atmospheric air, nor was it contagi-
ous, which Variola is, & likewise be-
cause it produced no constitutional
symptoms, that were of any consequence.
On account of these reasons, and also
their thinking that it was equally
as efficacious as inoculation, & there-
fore with much less danger, that a law
was passed in some countries, prohi-
biting medical men from inoculating
with the small-pox matter, & that vac-
cination was only allowed - this has
been the case in Denmark, where the
disease has been unknown for many years.

218/ The mode in which Vaccination is performed is this. You are to take a lancet charged with the cow-pox matter, and introduce it under the skin - the consequence is that the matter is absorbed causing in a few days inflammation of the part, in which a pustule forms. This is discharged from it, which leaves a scab of a crust, leaving a pit in the skin - When Vaccination was first known in England, it was very much opposed by many Practitioners, and Dr. Sattell is inclined to think very properly, as it induced a stricter enquiry to be made. Those, who were the warmest supporters of this Practice, asserted that Vaccination was as capable of preventing the occurrence of Smallpox, as smallpox prevented the occurrence of Vaccination; but we

known His objection not to be correct, ⁽²¹⁴⁾
as several persons in different parts of
the Country, who had been vaccinated
have often and have the small-pox, but
the attack has been very mild, compare
to that, under which those Persons labour-
ed, who had not undergone this Operation.
By a computation, which was made by
order of the Vaccine Board, it was found,
that of Persons who were vaccinated in
the Metropolis, only one in a hundred was
attacked with Variola - & we may say,
(says Dr. Tenthredine) that not one, in a thou-
sand or a million of those who have
been inoculated, have had small-pox.

However the effect above related of vacci-
-tion authorizes its use - but it certainly
has not been long enough practiced for
us to know its value, & that is yet its chief

20) as yet only to be considered as an
experiment -

Genus XXV. *Paricella*. Bullen.

Synocha: pimples, after short slight
running into pustules like the small
pox, seldom suppurating; in a few days
ending in scales, seldom or never leaving
any scars - This Complaint has a

strong resemblance to Parola - it some
times occurs without any febrile action,
but the fever has been known to last for
3 days before the appearance of the eruption.
It generally commences with slight febrile
action on the first day, which ceases on
the 2nd when the pimples appear, there often
come out all at once on the Back, tho' the
face & neck may sometimes be first affected,
all of a red colour, & uniformly distinct &
even ending at great irregular

distances from each other, quickly ⁽²²¹⁾
increasing in number, on the 2 day
terries are formed, which become opaque
on the 3rd, & on the 4th discharge the
fluid which they contain, this hardens
& falls off in scales in the course of a week
leaving generally no pits - the term ves-
iculation returns in this disease. Our Diagnostic
is always favourable; with respect to
our Prognostic, it must be formed after
the most particular observation & enquiry,
for it is very necessary not to mistake
Varicella for Variola, & this is the reason,
"suppose you are called in to see a
child labouring under Varicella, it being
the 3rd or 6th day of the attack, when its ap-
pearance is most like to that of Variola,
you make but few enquiries, & since the
complaint only superficially, asking the
Parents perhaps, if the child has ever had the

222 / small-pox or been vaccinated, they
reply no - this confirms your opinion that
the disease under which the Patient is
labouring is Variola, you inform the
Parents, & lead them into the same
error as yourself - a few years after
the Boy may be attacked with Variola,
(in consequence of the family ~~having~~ ^{having} put
implicit faith to your statement, have
not thought it requisite to have him
vaccinated) & fall a martyr to it - for
your neglect - we distinguish Variola
from Varicella by the following - by the
progress of the latter being much more
slow, than that of the former which is
very slow, the crusts not falling off till
the 13th or 14th day - also in the latter the
fluid does not assume the consistency
of the complement is seen in a much

being forced into service on the 2.nd day (223)
becoming acute on the 3.rd & on the 4.th attaining
their full magnitude &c. The exciting cause
is specific contagion; but with respect
to predisposition, all those who have never
had the complaint are liable to it, tho'
it seldom occurs but in children - Vari-
cella has all the characters of the Ordi-
nary Eruption. Treatment must be the
mildest possible, there being no danger,
we must confine the child to a regu-
lar diet & give him saline purgatives,
if the febrile symptoms continue more
than a day, Diaphoretics must also be
had recourse to. This is often so mild a
disease as not to require medical at-
tendance -

Genus XXVII. *Varicella*. Bulla

224) contagious, with sneezing, a flow of
thin mucus from the eyes & by house
sneez. On the fourth day, or little later,
the small pimples, hardly elevated, break
out in clusters, and after three days form
small mealy scales. 1. *Rubrola vulgaris*
or febrile *Spontanea*: small confluent
pimples, in clusters, & hardly elevated. in
It varies - a. with severe symptoms, & an
irregular course. b. Accompanied with ty-
phus. c. Accompanied by a putrid
affection. 2. *Rubrola varioloides* (measles
like small-pox) with distinct & elevated
pimples. *Rubrola vulgaris* has all the
characters of the order *Exanthemata*, it
begins by a febrile state which is accom-
panied by languor, chilling, increased fre-
quency of the pulse, then is also gen-
eral disorder in the system; the fever in-

(225)
- creases, attended with considerable rest-
- less, great heat, thirst, loss of appetite;
the tongue is white; if coma does not suc-
- ceed, there is a heaviness in the head, &
drowsiness; also other symptoms characterizing
this disease, as sneezing, which occurs in
consequence of infl^a affecting the Schneider-
- rian membrane of the nose; brightness of
the eyes from whence flow a thin hu-
- mor; the eyelids often swell; the Patient
has a tendency to perspire; a bilious di-
- arrhea commonly ensues, the stools being
of a greenish yellow if the Child is cutting
its teeth; the eyes at this period are very
sensible to light: symptoms of Men-
- strue infl^a now, & sometimes sooner,
make their appearance; the respiration
becomes disordered, with a dry, hoarse
cough - these symptoms generally occur
on the 1st 2nd & 3rd day. It is called the first stage.

226) The second or Eruptive stage begins,
commonly on the 4th day: about which
time small red pimples make their appear-
-ance on the forehead, which run into
clusters, (but are at the same time very
distinct) & form marks, like stains, rising
above the skin, and perceptible only to
the touch; afterwards broad spots spread
over the face & extend downwards, this
happens on the 2nd day of the Eruption;
the spots, which proceed downwards to
the back &c, are not so distinct & pro-
-minent as the others - these increase
in number for two days, (i.e.) till the 6th day
or thereabout, when the 3rd Stage com-
-mences, & the eruptions become brown
& dry, giving to the face a rough appear-
-ance, and begin to fall off, in three days
more they totally disappear from the whole

body, at this period the fever & cough ⁽²²⁶⁾
are sometimes allayed, but more fre-
quently increased, when it terminates
in a dangerous Pneumony; the fever
will sometimes remit, & afterwards be-
come more violent. After this we must
conclude the Patient to be in very
great danger, unless some critical ex-
cretions, as increased Diaphoresis, an
abundant secretion of urine &c. occur.
There is some variety in this Complaint,
but trifling, as the Eruptions appearing
in different parts of the body sooner or
later, also no desquamation taking place
when the disease ceases, & finally there being
no eruptions, so that you would be unable
to distinguish whether it was Rubella or not,
unless you discovered on enquiry that two or
three of its Brothers, were then laboring with
the Complaint - this species is very rare -

228) *Phubula Parvulodes* - this form of *Phubula*
is very rare - the febrile symptoms are at
the commencement the same as in *Valgaris*,
but more violent, the fever being *Synocha*
at first & afterwards *Erythra* - come gene-
rally supervenes, but if it should not, then
will be a headache together with giddi-
ness or vertigo; the throat & fauces are
inflamed, the inf.^l taking on a livid red
- colour; the stools are dark & fetid, and
the eruption is retarded, not appearing
before the 6.th day of the fever; when it
appears thus late, it continues for a
long time; the pulse is small & frequent,
the respiration is short & quick, with a
shill hoarseness & violent cough, in which
children appear almost suffocated, vomit
up their food & grow black in the face.
The eyes are red & watery, specious - twisted
in of the tendons & delirium frequent.

accompanying Varioloides - also petechiae, & (22)
swelling of the extremities - the fever in-
creases in violence together with the
pulmonary symptoms, when the eruption
appears - till at last the Child expires -
in fortunate cases the fever abates or totally
ceases on the appearance of the Eruption,
& the Patient recovers. Glandular swelling,
infl. of the Lungs, consumption, Ophthalmia,
& violent diarrhoea, will, ^{sometimes} succeed after the
Child has recovered from the fever, (23)
when the Eruptions have ceased - Diagnosis
it is to be distinguished from Variola
by the Eruptions being much less elevated,
& by their being only what is termed pap-
ules, & not pustules - from Varicella
by this complaint being pustular - There
has been mentioning the distinction as alluding
to both Varioloides & Virgaria - but I have
omitted one, that they are always accompanied
by some haemorrhagic symptoms, which distinguish

230/ this Disease from all others of the Emp-
-tic Kind - It was proposed to inoculate
for Tubercle - the advantage it was asserted
was, that if the Child by this means had
the Complaint, it would not be accom-
-panied by any pneumonic symptoms,
& that it would soon recover, but this
assertion has since been found to be very
incorrect - the manner of performing the
operation is the same as in inoculating
for the small-pox, only charging the lancet
with blood from the pimples instead of
matter; when on the 7th day the Child will
be affected - the only benefit wh. Dr. Parkhill
thinks we may derive from this is, that
we are able to give the disease to a Child
who is in perfect health & at an age when
they get through the complaint better -
this may be done in a much easier manner
with greater advantage by exposing a Child to the

(231)

contagion of tubercle, under which another
child may be labouring, in a very mild form
& this is an advisable plan. Prognosis --
When the fever is mild & vanishes on the ap-
pearance of the Pimples - it will be favour-
able; but if the febrile action is severe, the
impulse of the pances & chest violent, with some
delirium, & receding of the eruptions, follow-
ed by convulsions & petechiae, the case is,
-remely dangerous - The predisposing causes
are, that those who have never been affected,
are predisposed to it, also infancy, & youth
a person of a plethoric habit of body is
liable to be affected severely - The exciting
cause is specific contagion. Treatment
we are governed in this by the prior & co-
-terminal symptoms which are present. We
begin by giving an emetic of Sat. Tart or
Pot. Iodine, followed by a purgative as Hydr.
Sub. which is to be worked off with Inf. Lin.

32) then give some dressing to act as
a diaphoretic, the towels being gently
kept open - Bleeding must be had re-
course too if the febrile & catarrhal
plans are severe, altho' it has been dis-
countenanced by some Practitioners, that we ought not
to employ blood-letting until other re-
medies have failed - Dr. Lathill thinks re-
-section is on the safe side of the ques-
-tion especially in adults. The application ^{of ice}
is not here indicated, but on the contrary
the temperature of the Patients ought to
be kept at 65 deg. The diet should be
a strict vegetable one - As the Eruptions
disappear saline purgatives must be given
at an interval of 48 hours - if debility ex-
ists after the O., & there is neither fever
nor pneumonia present, mild bitter me-
dication in the Pulmonary inf. if severe

is to be treated, by Bloodletting, cupping, ⁵³³
Blisters, draughts, purgatives & emetics,
with alonous & myself of Squills - when
extreme inevitability seizes the alimentary
canal, producing a violent Spasmodic -
remission will be requisite. In Vari-
-oles, the bowels must be opened by a
mercurial purgative, & to alter the ty-
-phoid state the Mercuric acid is to be
given, but if it should disagree with
the Patient, then the diffusive as well,
permanent stimuli must be had recourse
to. If delirium supervenes leeches are to be
applied to the temples. After the eruption
is completed slight opacities are sometimes
serviceable; the Patient should be directed
to drink of thin watery assweet liquor,
a common fog drink, made agreeably
with lemon juice, apple water, currant
berry, lemonade &c.

234) C. II. & Dynamia.

The insensate motions, whether vital or natural, diminished.

Genus. XLIII. Syncope. Cullen.
Action of the heart diminished; or dur-
ing sometime suspended. 1. Idiopathic
Syncope Cordica (arising from the heart)
often returning without evident cause;
vehement palpitation of the heart at in-
tervals. From some affection of the heart,
or its great vessels. Syncope Occasionalis
(nervous), arising from an evident cause
derived from an affection of the whole sys-
tem. Symptomatic of diseases either of
the system, or of other parts, the heart
excepted. See George Fother's names un-
der, Syncope Anginosa - which differs
in some of the symptoms from Cordica

although on dissection we find the ³⁵
same appearance; it is characterized
by pain in the region of the heart, with
stiction or tightness, pain extending up
the left arm to the insertion of the
deltoides, anxiety, difficult respiration
and returning at intervals. When Syn-
cope Occasionalis comes on gradually
it is preceded by languor, anxiety, nau-
sea, giddiness, weakness, of the pulse,
suspension of the heart's action, the
face & surface of the body pale & cold,
a cold sweat breaks out on the forehead
at the commencement which conti-
-nues till the Patient recovers, during
the fit the animal functions are sus-
-pended. After the action of the Heart
has remained suspended a little while
the Patient recovers. when he is for a short
period quite stupified; but in some cases
Syncope terminates in Coma, or in death.

236/ Epilepsy. The Diagnostic symptom is suspension of the heart's action. Our Prognostic is generally favourable, except when Epilepsy or Convulsions succeed then our Prognostic must be accordingly. The Remote cause is divided into the Disposing & Exciting. with respect to pre-disposition we find persons frequently liable to Epilepsy and it is conceived to proceed from an extreme sensibility of the nervous system, depending often on weakness. The Exciting causes are Passions of the mind as fear, grief, joy, also pain when it is sudden as in spasmodic affections. Likewise the pain in Nephritis, or from a blow on the testicle, from suddenly losing blood, and exceeding a certain quantity, from long continued abstinence, from excessive exertions, impure air when heated as in a room, fatigue, poisonous exha-

lations, peculiar states of the stomach. (237)

D. Haller refers the phenomena of fainting to the diminished energy of the Brain, which depends says he on a certain tension & fullness of its vessels - this he gives as a reason why evacuations of blood produce syncope, which he also says is proved by this example - that if you bleed a Patient sitting in a horizontal position you will have to draw off a large quantity before fainting is produced, but if you bleed him sitting upright then syncope will be soon induced - & the reason he gives is this, that while the head is in the horizontal position the specific gravity of the blood keeps the vessels of the Brain tense, but in an upright position this cannot take place, consequently the vessels become empty & syncope follows. Several other authors have endeavored to explain what occurs when the

238) Phenomena take place. Dr. Yuthill con-
- sider their opinions as merely hypo-
- thetical. Treatment: Our object will be
- first to ascertain the causes & afterwards to
- remove them; for the latter purpose stimuli
- may be freely used except when hemorrhage
- occurs: they must be either external & inter-
- nal. The most approved of internal stimuli
- are the Sp. Ammon. & sal. Satid, Sp. Pucini,
- Sp. Ether. Nitr. As an external stimulus cold
- will be found very useful. as cold water dash-
- ed upon the surface of the body; also sti-
- muli to the Nose as burnt feathers &c and
- friction of the temples. If Syncope Occasion-
- al, be symptomatic of other diseases as
- Hysteria, &c. the treatment must be
- directed accordingly; when dependant on
- morbid states of the stomach it may be
- more readily corrected. Syncope Cardiaca
- the particular symptoms of this have been

before described: the appearances or (239)
dissection are as follows: a putrid &
ulcerous of the inner surface of the Heart,
& its vessels near their commencement; also
organic changes of the substance of several
parts; aneurismal swellings of the Heart, & of
the arch of the Aorta both ascending & de-
scending portion: hypertrophy of the valves
of the heart & of the Aorta: Hydatids; adhesions
to the Pericardium: calculus concretions:
from these different appearances we are led
to conclude that this malady is always
dependent on organic change, and what-
ever contributes to impede the free action
of the Heart favours its production. The
Exciting causes: such as determine the blood
to the more internal parts, as well as that
which suddenly produces vascular ple-
thora, also whatever increases quickly the
heart's action. Diagnosis: frequent faintings
with freedom during the intervals. Prognosis.

240/ inconvertible & always dangerous. Syn-
-cope atyphosa: consists of paroxysms
the Patient begins by complaining of pain
suddenly across the chest extending up the
left arm, with a sense of suffocation, the
countenance is anxious, the Patient has an
idea that life must soon terminate, the
breathing is laborious, the pulse inter-
-mitting, but the action of the heart and
lungs still continue, & are not so completely
suspended as in true Syncope: this paroxysm
may last 2. 3. or 4 minutes but seldom longer,
altho' it does occasionally. The malady is at first
brought on by the Person exerting himself in
some way, so as to impede the free action of
the respiratory organs, which may often
be increased by violent passions of the mind;
when the disease is further advanced the Pa-
tient cannot move without bringing on
a Paroxysm. If the Person remains quiet

241
during the first period of the attack, it will
generally cease, but in the further progress
of the disease this will be of no avail - du-
ring the Paroxysm the face becomes pale
& the extremities grow cold, the lips being
at the same time livid, or of a purplish
hue. Diagnosis: by the symptoms described
inasmuch as they resemble no other malady.

Prognosis: highly unfavourable. Appearance
on dissection. Ossification of the heart & its
valves, & of the Aorta it is often aneu-
rismal both its ascending & descending arch.
Ossification of the coronary arteries. The
exciting causes, are all that materially
influence the heart's action, whereby such
change is produced. Treatment. This is regar-
-ed as an incurable disease, tho' we may
use palliatives - when it arises from the
-thromb. bleeding may be practised, after-
-wards pursuing a strict antiphlogistic
plan, & regular exercise: when organic disease
exists, opium must be had recourse to & repeated

242/ this less: when we are able to ascertain the presence of Hydrops Pericardii, we must employ those remedies which have a tendency to promote the absorption of the fluid. When the complaint is known to depend on organic change, it is extremely doubtful whether anything can be of ultimate service. Dr Parry, who has written a work expressly upon the subject, recommends frequent & small bleedings: stimulants & antispasmodics: the Patient is to be carefully taught to avoid the exciting causes in order to prevent its return. Purgatives are sometimes useful. To strengthen the system we generally employ stimulants & tonics of the kind of Selen. Issues in the thigh have been recommended. The Patient should abstain from all fermented liquors, & eat but little at a time. If there is a tendency to increase in bulk, use moderate exercise. The bowels are to be kept gently open and

(243)
no morbid accumulation allowed to re-
main or take place.

Genus. XLIV. Dyspepsia. Bullen-

Loss of appetite; nausea; vomiting; fla-
tulence; eructation; rumination; heart-
burn; pain of the stomach; at least ha-
ving some more or less of these at once;
mostly with costiveness; and recurring
without disease of the stomach or other
parts. 1. Idiopathic. 2. Symptomatic

1. From disease of the stomach. 2. From
disease of other parts. This complaint is
very slow in its progress; the Patient ^{often}
not perceiving its approach; he perhaps
eats less than usual, & begins to feel a
fullness after eating in the region of
the stomach, after a time he experiences
this troublesome sensation without having
eaten anything; he is much relieved by the

244 / by the expulsion of wind - there is a frequent chilliness over the whole body, the sleep is disturbed: when the disease becomes more advanced slight & transient pains are felt in the region of the stomach; the countenance loses its natural cheerfulness, there is nausea which in some instances amounts to vomiting; eructation & burning kind of a pain in the stomach, the complaint in this stage may last for weeks or years, but it is generally soon attended with other symptoms, dependant on the weak & reduced state of the system; the pulse is sometimes slow, at others full & quick, easily accelerated by exercise; palpitations become frequent; the bowels are confined; the passage occasioning a rumbling noise; after eating, the tongue becomes white, the face is flushed, skin hot & dry, then the stools remain untill the food ferments the abdomen swells & sometimes the urine

functions begin to suffer; the Patient ⁽²⁴⁵⁾
vivacity forsakes him; he is incapable of ex-
ercise & seeks retirement, & finally becoming
quite Hypochondriacal. On dissection we find
no symptom of disease, that is when the
complaint is Idiopathic. Your Diagnosis is
formed from the symptoms just enumer-
ated. Your Prognosis will always be favor-
able, altho' the cure will often be protract-
ed & difficult. The Proximate cause is ac-
counted by fullen to be want of power
in the muscular coat of the stomach,
but on the contrary it has been very
generally considered as proceeding from
the morbid state of the secretions as the
Gastric or Pancreatic juice &c. The
disordering & Exciting causes are those
which when applied to the stomach in-
duce the malady, as Opium, Urrant
spirits, which tend to debilitate the sto-
mach, also warm weakening fluids frequent

246 drunk; the habit of spitting; dissection
or irritated secretion of saliva or gastric
juice; & frequent vomiting. Those causes
which act primarily on the system are
a sedentary life & indolence; the depressing
passions of the mind; constant mental
application; repeated intoxication then
will immediately or ultimately produce
dyspepsia. Treatment. The main circum-
stance which here directs our treatment
is the Proximate cause, therefore we must
begin by endeavouring to restore the mus-
cular coat of the Stomach to its healthy
state according to Cullen, but according
to others by producing healthy secretions.
In the first place we must resolutely
insist on the Patient, avoiding the exciting
cause. What greatly tends to aggravate
the symptoms are noxious matters in
the Stomach, which we must get rid of

giving an emetic as Pulv. Ipecac. \mathfrak{ss}
or Pulv. Tart. \mathfrak{ss} or Pulv. Ipecac. \mathfrak{ss} but first
pt. many Practitioners are in the habit
of repeating emetics, but Sir George con-
demns this practice as tending to de-
-bilitate the stomach & prefers giving only
a single emetic at first, then using other
remedies to remove ^{the} train of symptoms
which are present viz. the morbid acidity
by Alkalies as \mathfrak{ss} of Carbonate of Potash
or Soda: the heart-burn will also be re-
-lieved by the above means - the dose
& frequency to be regulated according
to the degree of acidity present: if Cos-
-tiveness prevails gentle laxatives must
be given as Magnesia \mathfrak{ss} daily. Car-
-minatives are sometimes useful as
the Black pepper in doses of \mathfrak{ss} or Cam-
pepper. Cate prop. combined with Magnesia
is sometimes given in cases of acidity es-
-pecially when it produces diarrhea or no-

248) may give the Pulv. Crota cu. Opio -
For flatulency we employ the Mist Cos-
sumative of the London Pharmacopoeia:
for Spasms Camphor, Musk, Opium &
Aether as antispasmodics, also the warm
bath; the remedies I have mentioned are
used as palliatives only; but in order
to restore the tone of the stomach we
give Gentian, Trapaia or Calumba in doses
of ℥ij; after the Patient has taken this
sometimes, preparations of iron may be
combined with it. Another remedy
which is often made use of with con-
siderable benefit, especially when the
disease is dependant on a morbid state
of the secretions, or organic derange-
ment, is Mercury in attenuative doses
as Pil. Hydrag. ℥ss every night, with Infus
Trapaie ℥ij Potap. Carbon. ℥xx two in Dis-

A meat diet is to be preferred to a (249)
vegetable one; exercise on horse-back,
the cold bath; rising early & going to
bed soon; the chalybeate waters, and
finally the Patient regulating his clothing
according to the vicissitudes of the weather.

Genus XIV. Hypochondriasis.

Cullen. Dyspepsia with languor; dejection of the mind; and fear arising from trifling causes, in persons of melancholic temperament. This malady says Sir George commences with the Patient losing his activity & cheerfulness, attended with invisible languor, a settled sadness, & foreboding what is to happen to himself - if he is a Merchant, he conceives his affairs to be in a distressing situation, & takes the worst possible view of future events.

230/ the slightest accident appears to him
a great misfortune; he takes a great
care of his health; all the Patient's symp-
toms are greatly magnified by himself.
there is certainly a degree of pain but
this he fancies to be much greater &
more important than it really is. This
disease is always attended with Dyspepsia,
& sometimes combined with symptoms
of Hysteria as the shedding of tears, &c.
sometimes occurs in this complaint. Some
Authors have asserted that it is similar
to Hysteria. Hypochondriasis occasionally
ends in Melancholia; as the disease
advances the Patient is affected with
dizziness, dimness of sight, palpitation,
of the heart, paleness of the urine, pains
in different parts of the body - the de-
pressed state of the liver & spleen are fe-

- amenable to Hypochondriasis. The ²⁵¹
Proximate cause is not well understood,
but supposed to have its origin from the
organs of digestion. The Predisposing causes
are Dyspepsia; only attacking Persons
at certain periods of life as the middle
period. The exciting cause is also not ex-
actly known, but all the causes by which
Dyspepsia is induced may bring it on -
Diagnosis. It is sometimes confounded
with melan cholia or Hysteria, it is to be
distinguished from the former by the
dyspeptic symptoms; from the latter by its
not occurring at an early period of life,
by its formation being more gradual,
& by its being unaccompanied by the
globus hystericus; it is to be distinguished
from other disorders by the mental af-
-fection, & by its increasing as life advances.
Prognosis. When the malady is recent it may

252) be relieved, but if it be continued
for a long time, accompanied by organic
disease your Prognosis will be very un-
favourable, yet, if after a careful exami-
-nation you discover no organic change,
then you may conclude it arises from
a disordered action, which may very
probably by proper remedies be relieved.
Hypochondriasis may last for a month, a
year, or a year & a half and yet the Patient
recover. Treatment. We must here especi-
-ally endeavour to relieve the gloomy
apprehensions & fears of the Patient and
the Dyspeptic symptoms, for this last we
may employ the remedies mentioned un-
der the head of Dyspepsia, but besides
these it usually requires alterative
medicines, especially when there is
in change as Pil Hydrag, & every night

with Infus. Calumbæ &ij Potass Carbon (253)
℞℞ ℥i in Dec, at the same time to allay
any nervous irritability you may give
a class of sedatives as Camphor & Hyos-
cimus a a ℥℥ ℥i in Dec - this need not
at all interfere with the other medi-
cines. It is to be remembered that your
object here is not to produce salivation
therefore if the mercury tends to do so
you must diminish its dose or let there
be a longer interval between each
dose. Attend particularly to the ali-
mentary canal, but drastic purga-
tives are not here required, only give
Rex. Rhai ℥ combined with the Pil-
l. Hygney, so that the Patient may have
a stool daily. The secretions in the bowels
may sometimes require a stronger pur-
gative. The Diet must be light but nutritious.

154/ hours. There is present in this melody
a disordered imagination. Gain the con-
-fidence of your Patient if possible for
that will assist most materially in ef-
-fecting a cure. In gaining your Pa-
-tient's confidence, you must pretend
to believe that what he informs you of
is real not imaginary: argument here
is useless. . . Although he may seem de-
-termined not to be convinced of any-
-thing favourable as to his complaint,
still if you should seem to favour his
opinion of himself, he will be highly dis-
-satisfied with you, as during your ab-
-sence he revolves what you have said
over in his mind; therefore it is very ne-
-cessary you give an attentive ear to his
-complaints, & acquaint him that if he

will take your medicine, regularly, (755)
you have no doubt of his recovery. It
is important likewise to give him some
pursuit or employment, but not such
as will bring his fortune into stake
or those which will produce mental
anxiety or fatigue; engaging in field
sports, and travelling about so as to vary
the scene will be highly beneficial.
If any one of these pursuits engage his
attention, his cure is certain. The ex-
-ercise that he takes ought to be prin-
-cipally on horse-back. You must be
careful not to allow your Patient sti-
-mulants as wine, spirits, or Opium, which
persons labouring under this malady
are very prone to take, as they will
in time produce the most pernicious
effects. Sir George relates a case of a Gentle-

136) man who is now able to take (from
the long continued habit of many years)
half a pint of Sauranum - ~~~~~

Genus XLVI. Chlorosis. Cullen.
Dyspepsia; desire to eat things that are
not nutritious; paleness or discolour-
ation of the skin; defect of blood in
the veins; the acrimonious swelling of
the body; debility; paleness; retention
of the menses. The principal feature of
the disease is the last mentioned symp-
-tom, of which there are two kinds, chro-
-mic & acute, the former arising either
from Plethora or menstrelia. You are
I presume well aware that the Menstrua
appear in this Country from the age of
14 to 16 years, and ceases between 40 & 50 -
but from a morbid disease of the vascu-

- last system it commences sometimes ⁽²⁵⁾
at 10 years when it will be accompani-
ed by headache, dizziness, vertigo &c, while
symptoms are to be relieved, (if the Patient
is 11 years of age) by taking away 16 ℥
of blood & afterwards to give a saline
purgative; but what more commonly
is that the menses are delayed & are
later than usual as to 18 or 19, this de-
pends either on weakness of the con-
stitution, disease of the Uterus or
scurfula. Another kind of case is after
it has once begun it may be obstructed,
this may be either acute or chronic;
by the former is meant a sudden
suppression, or the Patient having the
day before felt herself very unwell extra-
cold - this will be accompanied by febrile
symptoms, the tongue will be white

258/ in venereal disease, pain in the
head, pulse quiet as 110 & other signs of
Pyrexia. Our remedy here also is depletion;
take from 8 to 10 $\frac{1}{2}$ of blood, afterwards give an
Emetic as Puls Specus & after this has
ceased to operate, a saline purgative must
be taken, then the common diapho-
retic draught & placed in a warm
bath, by these means, (if the Patient has
had recourse to medical aid as soon as she
was attacked) the disorder is cured, but
if she has neglected herself it goes into
a chronic case of obstruction with Ple-
thora or weakness; the symptoms which
then accompany it are, drowsiness,
shortness of breath, diggings, thirst,
pulse 90 to 100, great restlessness in bed
or out; to reduce the plethoric state to the
state of health, Stimulants have been

used by some but these are full of (259)
danger; one plan is depletion from 8 to 10;
& then purge with neutral salts daily,
& topical bleeding may be resorted to
after the first general bleeding, as leeches
or cupping glasses to the head & chest.

The true Chlorosis is chronic obstruction
from weakness, although from plethora
generally terminates in weakness; when
the Patient grows weaker, there is a
yellowness of the countenance, a desire
to eat things that are not nutritious,
Dyspepsia, & oedematous swelling of the
body - as that of the ankles; the veins have
a particular blue appearance; the respi-
-ration is difficult, which is increased by
walking quick or going up hill, and is also
attended with pain in the side; the
digestive powers are considerably weak-
& impaired; pain & throbbing in the head

260/ the pulse is generally 100 but increased
by exercise to 110-120 or 30; there is sometimes
so great an irritation of the nervous system
as to produce Hysteria; the menstruation if
there is any gradually becomes less & at length
intermits, also paler till it gradually ceases.
True Chlorosis has several gradations, as
to the quality of the secreting fluid, which may
deviate from that of health in being, more
watery &c, in being suddenly or gradually ex-
tinguished. The proximate cause is suspension
of this natural secretion. The predisposing
causes are as the whole little un-
derstood, but supposed to depend on pecu-
liar states of the nervous system, but what
those states are is unknown. Your Diagnosis
is easily formed. Your Prognosis, if the com-
plaint is recent, will be favourable, but
a later period if it has arisen as other
malady it will likewise be favourable,
but when it has produced some other con-

And the one prognosis will be a ⁽²⁶⁾
single. Statement. Our main object here
will be to strengthen the Patient by im-
proving the region of the stomach, & remov-
ing obstructions & morbid matter from it,
which is done by the exhibition of an emetic
as Pulv. Spenc. ʒi ss Ant. Tart ʒi, by this
we exert great power over the Uterus, from
the great sympathy which is known to
exist between the stomach & that organ,
the Patient is then to be purged with
Calomel & Rhubarb; Litters must afterwards
be given combined with gentle aperients,
but they must be at first weak & adapted
to the strength of the Patient, & gradually
be made stronger; we may commence
by giving the Infus. Antheimidis ss Cham-
ʒi Pulv. Rhai ʒi ss in Div, the quantity
of Rhubarb must be sufficient to produce
three motions in 48 hours, after she has taken
this a little while we may give the Infus.

262) Quapic, & after wards Chalybeates as Ferri
sulph. ʒss to each draught of the bitter grain-
ally increasing it to ʒss in ʒss in the first
Ferri in the Pil. Ferri on Myrrh: we may give
likewise those purgatives which stimulate
the lower extremity of the gut, that is, the
Rectum, which from its proximity to the
uterus, may excite it - for this purpose we
give the Pil. Aloes. on Myrrh either alone or
combined with the former Pil. as of Pil. Aloes
on Myrrh. ʒj Pil. Ferri on Myrrh. ʒij Mix et
divide in Pil. N. ʒij Capt. ʒss in Oil. Whilst
we are pursuing these means the Patient
should have change of air & exercise, more
especially on horseback if it can be borne.
By these remedies you will contribute to
restore the strength & general health of
the Patient; but if depletion in the first,
& these medicines in the latter, have been
used, and she still does not menstruate,
I recommend that we then use the Patient

strength is restored) we employ those (263)
remedies which have a specific action on
the stomach but chiefly the Uterus - as R.
Sarin. vel R. Helleb. Uiper. ~~xxx~~ vel ~~xxx~~ pruden,
using at the same time the warm hip
bath at 100 degrees for 20 minutes every night
before going to bed; electricity has been
recommended by some writers, but Sir
George thinks it a very uncertain remedy
& from his own experience says that if it
does not produce benefit at first it will
not by its frequent repetition - the man-
-ner in which it is done is by passing
gentle electric shocks through the
uterus. Issues & Madder have also been
recommended, but I never knew them
say Sir George produce any beneficial
effects - Cider III. Plac. mi. Bullen
Irregular & putrefactive motions of the
muscles, & muscular fibres. 1. In functionibus animalibus.

Genus. XLVII. Tetanus. Cullen
 Spasmodic rigidity of muscles. It varies, a. in
 degree; the half a whole of the body being affec-
 ted with spasm. It differs, b. in its remote
 cause, arising either from internal cause;
 from cold; or from a wound. c. in the part of the
 body affected. Spasmodic contractions are of
 two kinds, that which is of long duration &
 is called Tonic Spasm. but that which is sudden
 and rapidly followed by relaxation, and these
 relaxations & contractions are frequently renew-
 ed is termed Clonic Spasm - a familiar
 example of the former is Tetanus; of the
 latter is Chorea Sancti Viti. When this disease
 comes on gradually, the symptoms are as fol-
 lows. The neck at first becomes rigid &
 immovable, afterwards by strong spasms it
 is drawn either backwards or forwards, an
 uneasy sensation is felt at the root of the
 tongue; the spasmodic rigidity now extends

to the lower jaw, the action of which ⁽²⁶⁵⁾
& the act of swallowing are impeded; as
these symptoms continue to increase, a pain
is felt at the inferior part of the ensiform
cartilage, which strikes through to the
spine, the Patient is not able to open his
mouth, the space under the breastbone
is frequently convulsed, & its presence is
followed by excruciating pain; this part of the
complaint is Trismus afterwards, he is able
to open his mouth only partially, and the
muscles of the back become affected, by
which the body is either bent forward
or backward, if the former it is termed
Emprosthotonos, if the latter Opisthotonos.
Shortly after this the muscles of the lower
extremities are affected, & drawn into
similar action, the legs are generally ex-
tended to such a degree, that they cannot
be bent back, & the flexor muscles of the neck
will often balance the extensions, & at last the

266) body grows stiff, & appears like a piece of
wood, at the same time is completely shaggy
& rigid - the muscles of the abdomen will some-
times be affected & the body in consequence
drawn forward, at length the upper ex-
-tremities suffer under similar action;
the tongue either grows rigid or else is
convulsively thrust out if there is an open-
ing, the jaws at the same time contrac-
-ting, it is very much injured; when the
spasms are violent, most acute pains come
on, the face is red & distorted, the cheeks
are drawn backwards, the eyes fixed, the
pulse is most frequently slower than what
is natural, & should blood be taken, its
texture appears to be lippine; there is some-
times much difficulty in respiration, & the
body is motionless. The natural actions are not
suppressed, & the senses both external &
internal remain perfect, the ribs move

invariably, and if the disease should be (267)
conquered, the Patient continues a long time
in a state of great debility, but in general
convulsion seizes the whole frame, & puts
a period to his existence. There is a short
remission of the spasmodic attacks at an in-
terval of ten minutes, but not so as to
allow the antagonist muscles to act or
the body to be bent; there is nothing which
can be called fever in this complaint,
often a morbid hardness of the pulse which
seem to be affected by a convulsive action.

But Diagnosis is very easy. But Prognosis
is generally unfavourable; when Tetanus
arises in consequence of an injury the
symptoms are ascribed by some writers
to be more violent, & the cure more dif-
ficult, than when it arises from other
causes; when the disease comes on suddenly
the Patient usually dies on the 4th day, but if
the case is a protracted one that is, lasts for

268 a fortnight, your Prognostic will be
favourable as the Patient may recover; when
persons die of this malady they are in general
so cut off. I caution you Gentles says
Sir George to be on your guard of giving
a favourable prognosis of the event from
the Patients appearing much better on that
day, as this is very fallacious for most
probably it often happens that the un-
favourable symptoms return again with
increased violence the next day. This dis-
order admits not of a sudden or critical
resolution, but resolves gradually; when
it is only partial it subsides without
danger but when the spasms affect the
neck & jaws, the danger is great, but not
so great as when the other voluntary mus-
cles are also affected, for then the danger
is imminent. Nothing has been discovered

post ure has which would lead us to (269)
pronounce its Proximate cause, although
we conclude that it is the effect of a
morbid or preternatural irritation of the
nervous system. With respect to predispo-
sition, this complaint may happen from
certain exciting causes in every country,
but in some more frequently than others,
as often in warm climates than cold ones,
& with us it occurs oftener during the
warm season than the cold; not happen-
ing in childhood or very old age, but
is considered a disease of manhood, and
it is more particularly incident to males has
been observed by some writers, this Sir
George Sutherland thinks arises from their
being more exposed & subject to the ex-
citing causes; it generally affects the
robust, seldom attacking the weak & delicate.
What predisposes to it is as little known.

240/ as the proximate cause. Exciting causes -
the most frequent of these are ascertained
to be injuries done to the nerves, which
most commonly happens to the extremities
as the hand or fingers, & the foot or toes,
but Dr. Cuthill mentions having seen a case
where it occurred in consequence of injury
done to the nose, this is a rare occurrence;
it arises sometimes from injuries of the
head & trunk, produced by punctures, lacerations,
contusions, & fractures where the
spicula from the bone has injured a nerve,
also from the division of a nerve, from fixing
of an artificial tooth, & from amputation.
When this complaint occurs in consequence
of an injury, it does not come on for several
days after the wound has been received, & sometimes, even after it has healed,
this particularly happens in the West
Indies. The other cause is cold produced by

moisture as by laying on the ground when ²⁷¹
it has been damp, by wearing wet clothes,
&c. As to the treatment, there is nothing sat-
isfactory that I can lay before you, for
when Patients have recovered from the use
of particular remedies & medicines, it has
been doubtful whether this recovery is to be
attributed to the remedy employed or not
as when it has been given in similar cases
it has been unsuccessful. If a nerve is
lacerated our practice will be to divide
it, if any foreign substance as a splinter of
bone, it must be extracted, if it arises in
consequence of the nerve being tied in an-
-asthesia it must be disengaged, if
from this under the tendinous expan-
-sion of a muscle, it must be let out,
if we are able to remove the exciting
cause the Patient may recover. If it arise
either from external injury or cold we
can only act on the general system —

273/ It must be our endeavour to destroy the
morbid action of the nerves, for which the
principal remedies are Saffron, Alcohol
Opium, Mercury & Blood letting; with
respect to the first, the experiments made
with it in this country, when it was first
introduced, were singularly successful; they
were made at Liverpool by the late Esquire
on a soldier of the name of Garceen, who
this Gentleman relates had been to a Wake
and on returning home at night felt him-
self dizzy & laid down on the bed ground
& fell asleep, in consequence he was seized
with Tetanus; the medical officers in their
treatment gave him at first Mercury in pills
so as to produce an abundant salivation,
from which the Patient not deriving any
benefit, Opium was resorted too & given in
very large doses, so as to produce a tempo-
rary paralysis. This also gave no relief to

The Patient & he having already remained 27th
in this state for more than a fortnight,
they consulted Dr. Baile on the case, who after
he had seen the soldier, ^{made} cold effusion (he
having read in some publication of its having
been tried in America with success) which
was accordingly performed on him, by plung-
ing him during the spasm into the cold
bath at Liverpool, by which the spasms ap-
peared a little abated, & it was thought ad-
visable to plunge him in a second & this
time, when taken out he appeared nearly
dead, but revived in a little time and
seemed to be better; he was now ordered
to be put to bed, where he remained
four hours, after this great cure, the sur-
prise of the medical Gentlemen to
see him walk out of his bed, apparently
quite recovered - Opium is the favorite
remedy in this disease, but recommended
to be given in large doses, although some

24/4) are of opinion that if given in smaller doses frequently repeated, it will act with greater efficacy. Opium $\frac{ij}{ss}$ or, two hours, his strength to be supported at the same time by moderate quantities of wine & a nutritious diet. It has been concluded by some writers that the Patient dies in consequence of want of stimulants, therefore they recommended giving wine in large quantities so as to produce intoxication, for which purpose they also gave alcohol - When the remedies above mentioned as cold affusion, Opium, wine have any effect it is in protracted cases; as in the case of Gardener Sir G. Pothill is of opinion, that had cold affusion been used in the early stage of the disease, it would not have succeeded. Blood letting in large quantities has been practiced in this complaint but more abroad than at home, & it has been asserted

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that of Blood be tak away in as large
quantity, as it can be done with safety to
the support of life, it will put a stop to
I cure the disease; & the manner in which
it acts is by relieving the system by re-
moving the noxious matter from the cir-
- culation - this appears to be erroneous
as Tetanus does not arise from noxious
substances in the circulation, but from
nervous irritability. Dr Futhill does not
recommend this practice, and from Mer-
cury he has never seen any benefit accrue
or from Musk, Camphor, Electricity &c.
His says, he is a disease in which no
mode of cure has been considered as
ascertained to be a disideratum.

Genus XLIX. Convulsio. Cullen
Involuntary contraction of the muscles; without
sleep. 1. Idiopathic. 2. Symptomatic.

277 *Genus I. Moria. Cullen.*

Affecting young persons especially, from ten to thirteen years of age; with convulsive motions, partly voluntary; for the most part of the size; the motions of the arms & hands resembling that of players; in walking one foot is rather dragged than lifted.

Genus II. Raphanica. Cullen

Spasmodic contraction of the joints; with convulsive motions; & very violent pain which is periodical.

Genus III. Epilepsia. Cullen

Convulsion of the muscles with sleep. ^{Idio-}Pathic. *Epilepsia Cerebralis* (from the brain) suddenly coming on without any evident cause; unprovoked by any troublesome sensation; unless sometimes of vertigo, or dimness of sight. 2.nd *Epilepsia Sympathetica* (sympathetic) without evident cause; but preceded

1. The invasion of a peculiar nerve virus
 from some part of the body to the head.
 Epilepsia Occasionalis (convulsiva) arising
 from direct irritation, & terminating when
 the irritation is removed. This arises from
 the difference in the irritating cause, a. From
 injury done to the head. b. From pain. c.
 From worms. d. From poison. e. From extra-
 neous eruptions, or acris humors being re-
 pelled. f. From acidity in the stomach. g.
 From affections of the mind. 1. From super-
 abundant humors. 2. From debility. 3.
 By ptomaine. 4. In the vital functions,
 the the action of the heart. These diseases,
 which consist in rapid alternations of relax-
 ation & contraction, are termed Convulsions.
 The four diseases of this kind which belong
 to this class are nearly allied to each other.
 Tetanus consists of partly chronic and
 partly toxic species. It is known by a quick
 morbid contraction of the muscles without the
 consent of the will. It is curable.

74) That convulsive motions which occur in this complaint are often initiated by persons especially children, so till from continual imitation they experience in reality those convulsive motions in a slight degree, which gradually increases, & at last becomes a confirmed chorea. The general health is not at all affected in this complaint. As a partial affection it often attacks children about 10 years of age. It is first observed by the flute dragging the left leg after him in walking, & for a little time the hand of the same side becomes affected, & the Patient when he wishes to raise his hand to his mouth, is unable to do it untill after repeated trials, it being by spasmatic action drawn away in a different direction. Mr G. Theobald does not agree to the opinion of some writers, that the health is not affected in this disorder & maintains that it is in some degree affected; that the muscles of the side affected waste, & if the

complex. It affects both sides then they ⁽²³⁶⁾
are similarly affected. The skin is pale,
cold, anastipated, digestion imperfect, little
or no feces; sometimes the muscles of the
larynx, pharynx & tongue become affected
when there will be difficult deglutition, dys-
pnea & the tongue thrust forward out of
the mouth. & the spasmodic action of the jaw
taking place at the same time, it is often
caught and injured; the muscles of res-
piration are often affected. There is fre-
quently a short period of insensibility
the system; its duration after it has
been removed is uncertain, it may
continue for weeks or months. The ef-
fects of the disease are apt to be affect-
ed in this disease, & the understanding is
often affected from some faculty, & the mus-
cular power appear to diminish. Rha-
pharia. In this affection the Muscles
not only become but affected with the

281 Often this disease does not often occur
in this country, the symptoms have been
before described. Epilepsia is a disease with
paroxysms of the muscles attended with
insensibility & sleep; always making its ap-
pearance by fits, attacking Persons appa-
rently in health & returning after the fit
is over, the duration of which is uncertain.
Often previous to an attack certain symptoms
give notice of its approach to those accus-
tomed to Epilepsy, sometimes no symptoms
except a momentary giddiness give the Patient
warning of its approach. The symptoms which
frequently announce it are giddiness, a pain
in the head, ringing in the ears, inability
to sleep, frightful dreams, unusual dream-
ing, palpitations of the Heart, weariness,
& stupor, and more particularly the Aura
Epileptica, which some Persons describe, as a
sensation of something passing in a part of
the brain & a lengthened earing the head, when

1. When I falls down in a fit, others (15)
describe the sensation as that of a pour-
ing in on of the legs, which gives way
either up to the knee or the side the sen-
sation of a small insect crawling up the
back of the knee, and others like the descent
of a stream of air ascending up the leg
to the knee, and other sensations or pressures
by these symptoms the fit takes place, &
the Patient falls down insensible and
down the voluntary muscles are much af-
fected with electric spasms, turning the
of the face & eyes, which are greatly dis-
torted while these symptoms continue
frothy moisture issues from the mouth
& the face is suffused; sometimes then
stomach, vomit & are again vomited,
after which the Person is aroused with
sleep, & when he awakes, has not the least
recollection of what has occurred, the last
disturbance are rather hurried during the

83 The *epilepsy* very much in degree in
different cases; most probably the fit will
return but the interval which will elapse
between each is uncertain, as some are affected
every week, others once a month or a year,
the longer the interval the milder the disease,
Epilepsy will sometimes occur with movements
similar to convulsion, as he will run his head
violently against the wall or floor of the room,
striking them with his hands, or appear
to the spectators as if he wished to do some
violence to himself. It often impairs the in-
tellect. Sometimes the *Spasms* are not
recurrent when the Patient has recovered his senses.
Persons afflicted with ^{this} are usually, *lief* of
Sanctus or *epilepsy*. Sometimes in *Chorea*
when it has resisted all medicines, it will of
its own accord disappear at the age of puberty.
The examination of Patients after death
nothing satisfactory has been discovered which
will lead to the ^{exact} cause, it is *perplexing* to cause,

It is not probable there can be any organic ³⁹⁴
change of structure in the brain, from its
happening in some cases only once in the
and perhaps lasting as many minutes. It
if it still supposes it must be some exacer-
bation, & temporary change rather than in the
centre of the nervous system. In Epilepsy
post mortem we find effusions & haemorrhages
in the cavity of the brain, it is very doubtful
but that it is the consequence of apoplexy
into which ^{this} complaint often terminates.
Your prognosis from the symptoms which
I have described will be easy. If it is
Spasmodic. Your prognosis in Convulsive Spasms
on its duration, that is if it has effected a
Patient at intervals, for now ^{it} will not
be in the power of medicine to effect
cure, but the Patient may possibly get over
by mental exertion in some way. In Children
Your prognosis is favourable, except when it is
in Epilepsy. Children are attacked with an

85. Kind of Convulsion generally recurrent. Chiefly
in the most dangerous of these diseases; if it
should occur at the age of 25, & the patient never
having had an attack before, he will never
be cured although if there is a long interval
between the fits, they will not much interfere
with his pursuits, but if on the contrary they
are frequent, they will either destroy the
patient, or greatly impair his understanding.
If it arises in children from teething, it soon
disappears when the exciting cause is removed.
That is, when the teeth protrude thro' the gum.
The Proximate cause is supposed to be a mor-
bid state of the nervous system. With
respect Predisposition, young children are more
liable to it than those arrived at the age
of puberty, & also similar diseases occurring
in their Parents which are hereditary & trans-
mitted likewise Epilepsy, Convulsions &c. predis-
pose to this complaint, likewise an exacer-
bation of the nervous system predisposes
to it. The state of the system is weak.

is induced, as for instance has been (286)
made from excessive Hamorrhage, or
generally success death. They arise from
irritation of the vascular system, pro-
duced to it. The exciting causes are all
those that can produce sudden excite-
ment in the brain either acting directly
or indirectly, of the former is such as in-
jury produced by concussion of the brain,
fractures of bone in the skull from fracture,
iron condensation of the vessels of the brain,
the indirect causes are nothing, worms
& other various substances in the alimen-
tary canal of children; and that can nat-
urally weaken the system, deepening
sufferings of the mind as horror, &c;
diseased states of the Heart & Lungs
& also are sometimes accompanied by chlo-
ric spasm, increased frequency; exten-
sion of the vessels may produce
such local irritation as is followed by con-
vulsions, disordered menstruation, pain, &c.

287) In that is these diseases, the main fea-
ture is the ^{muscles} convulsion of the ~~trunk~~,
except in Epilepsy where it consists in the
insensibility. Our endeavour must be to
remove the exciting cause, & allay the irri-
tability of the nervous system, if it arises
from injuries of the head such surgical
treatment must be adopted as to relieve the
symptoms, which will be done by first ascer-
taining the nature of such injuries, in
children the exciting causes are generally
in the alimentary canal or the gums, if
it is ascertained they should be removed, if the for-
mer removed by purgatives, and during
the convulsions placing the child in a warm
bath at 100 degrees for about twenty minutes.
Chorea this disease Dr. Ferriar thinks arises
primarily from the alimentary canal,
therefore recommends purgatives of the most
as most excellent remedies to be expected

either day, or on other day as to a child
 from 10 to 14 years of age. Hydr. Sul. \frac{ss} Pulv
 Scammon. \mathcal{R} \frac{ss} & \frac{ss} , if the mouth becomes
 affected, you must stop the exhibition of
 Pulv. & give the Scammons alone, con-
 tinue this treatment a week, & if by that
 time the Patient has derived a manifest
 benefit, you may then decrease the purga-
 tive to every other day, whilst the disease
 continues to abate, but if you find in-
 stead of improving it becomes station-
 ary, it then requires the aid of minerals,
 as the Soluble of Silver for three times
 day, which is to be gradually increased
 to \mathcal{ss} ; if you give instead of this the Symp-
 le of Zinc the dose of this will be \mathcal{ss} & \mathcal{ss}
 in Dec or \mathcal{ss} of Sulphate of Zinc
 there may be given in pills. The Purgative,
 during the exhibition of the above min-
 erals must not be given with the same frequen-
 cy as before. In Epilepsy of the Patient i

289. robust & of a plethoric habit, we may
commence our treatment during the fit by
bleeding him either from the arm or jugular
vein, & taking away such a quantity as will
relieve the Patient's urgency: but when the
Person is of a Lethetic or weak & debilitated habit
of habit, ^{body} bleeding is not necessary, but we
must give antispasmodics both by the mouth
& by injection. cold must be applied to the head,
& ʒi Nitro. rec. Sp. Cammar. Sat'd. a tea-spoonful
given in a little water, during the paroxysm
also Musc. Opium & Ether are recommended
& the air. Ammonia to be rubbed on some part
of the body. if the fit continues, we must in-
troduce a flexible gum catheter ~~into~~ ^{into} the
oesophagus through ^{which} introduce the medi-
cines; in our treatment of the plethoric he-
bent I forgot to mention that he diet must
be of the antiphlogistic kind. After a fit
has passed, you must adapt your treatment
to the nature of the exciting cause

if Plethora exists & loss diet, & when (2496)
there is much & severe action show-
ing of weakness, give antispasmodics as before men-
tioned & Mutton as Peruvian Bark as the
General tonics as the Extract of Silver, Ling
Iron & Arsenic, the cold bath, nutritive diet,
gentle exercise, the Pil Galbani C. Haust.
Castor, & other; when the fit is just approach-
ing it is sometimes prevented by anything
that will produce considerable action in the
system as an emetic of Iridia sulphur if
the Patient is affected with the same condition
in order to prevent it ascending up to the
head a leech must be tied above. The
St. James's has been recommended in
Epilipsy in doses of ʒij to ʒj
In Functionibus Vitalibus

Genus III Pulpitatio. Cullen

Violent & irregular motion of the heart.
Pulpitatio facialis, almost constant, at
least often occurring without evidence.

21/1/1861 I recd. Dr. Futhill letter, this Chronic
Spasm of the heart, which is characterized
by a fluttering & beating in the left side of
the heart, is not constant but occurs by
paroxysms, when violent the breathing is
affected so that ^{he} is unable to utter a word,
or if lying in bed, the palpitation being con-
siderable it shakes the whole bed & ^{the} room.
The more, the occasional symptoms are syncope,
giddiness, inability to sleep, hoarse wheezing,
the pulse being irregular & intermittent, some-
times almost ceased at the wrist. Dr. F. doubts
whether this is ever an Idiopathic disease,
Your Diagnosis from the Palpitation is easy -
Your Prognosis depends on the remote cause
of the disease. The Proximate cause is either
spasm of the heart. The Predisposing causes
are organic affection of the heart & acting
nervous state of the vascular system, pe-
culiar irritability of the heart, disease of the
Thoracic viscera. The exciting causes are various

of the heart should be applied to the sternum²⁹²
all that is necessary is to increase the action of the
heart. Treatment. This depends on the exact
cause, if Plethora the Bloodletting, saline
purgatives & antispasmodic diet &c. If irrita-
bility of the heart Digitalis either in Infusion
or in powder combined with the
usual tonics are generally given with
considerable benefit also antispasmodics,
& an additional Tonic locally applied is
also: the app. of a large bleeding ice to
the part affected has often cured the complaint.
If there is organic disease of the heart,
or any other serious little hopes
can be looked for, what is then generally
employed are issues, & acetous & Digitalis
with antispasmodics, & if Plethora is
present bleed.

Genus IV. Asthma. Cullen

Difficult respiration occurring at intervals.

143) with sense of distension in the breast; res-
piration with a wheezing noise; difficult
cough at the beginning of the fit; sometimes
none; but few towards the end. Often attended
by copious discharge of mucus. 1. Idiopathic
Asthma Spontaneum, without evident cause,
or being accompanied with any disease. 2.
Asthma Exanthematicum from eruptions
or acris matters being expelled. 3. Asthma
Hæmorrhagicum from a suppression of any usual
evacuation of blood, or from spontaneous
plethora. 2. Symptomatic. This is a disorder
of frequent occurrence, and unfortunately
one not under the control of medicine.
It sometimes makes its attack suddenly, at
other is announced by symptoms which
precede it as pain in the head, a sense of
oppression & tightness at the breast, drowsi-
ness, with a sense of resistance in the lungs,
the patient now feels a sickness & makes a
more than usual quantity of urine,
the spirit is oppressed, the lungs feel

a degree of inactivity & stiffness, the
breast is more than commonly heaved,
there is a hoarseness, & now a difficulty of
breathing ensues, which is performed with
a whizzing noise. speech is a little impaired,
not able to inspire except in an
upright posture, if the fit is violent there
is a palpitation at the heart, a livid
colour of the face & the Patient feels as if
he should be suffocated. & though gene-
rally more or less affected in the night,
especially when it comes on suddenly, the
fit commonly continues from midnight
morning is far advanced, the paroxysm
sometimes continues uninterrupted except
when the attack is accompanied by a
slight degree of fever, when the paroxysm
is gone off, the patient falls into a sleep,
& generally finds when he awakes his
respiration almost is not quite free, but
towards the afternoon is found with stated

295 languor & drowsiness, untill the evening
when another fit takes place; this is the more
in which Asthma enters its early attacks -
After these Paroxysms occurring for a few
nights, there will be a remission in them, &
at last they will go off entirely; but most it
commonly leaves a disposition favourable
to its return, although this may not be the
case & the complaint never returns, or continue
for five or six years & then cease. The Duration
of an attack is uncertain, but at its com-
ment seldom lasts longer than a fortnight.
When the attacks increase in frequency they
are of a longer duration; they at first return
periodically as every winter, then twice or
three times in the year & finally become
continuous in some persons. When the attack
is severe, there is great danger of Pneumonia
supervening. Upon this point is
undoubtedly very easy for it occurring on in
languor. The prognosis depends on the

... by what it excites & the (296)
of the Patient. If the Patient is young, and
it arises from Plethora & congestion of
the vessels, recovery will take place; but if
advanced in life, & has had the disease for
a long period combined with disease of
debility, then the chance of a cure is out
of the question. True Asthma is not con-
sidered a disease of danger, provided there
be no inflammatory action. Asthma
sometimes induces many diseases as Pneumonia,
Hæmorrhage, pulmonary gangrene,
-tion aneurism of the heart & arteries, a
-vascular swellings & in some cases res-
-piration has suddenly become short & quick
& paralysis has ensued. On examination
last winter there is nothing so life-
-long discovered which point out its pe-
-culiar cause, in some cases an effu-
-sion of serum has been found in the
air cells, which has been affected with
it is to be seen in some cases.

297 affection Dr. Le Gall thinks very unusual,
the opinion of Dr. Fuller, & in which most
medical men coincide is that it arises from
a spasmodic constriction of the fibres of
the Bronchia. With respect to predisposition
it is hereditary, as we frequently find the
children of Asthmatic Persons suffering from
the complaint; it is not incident to early
life, happens more frequently in the male than
the female sex. Moreover, malformation of
the chest, certain morbid states of the sto-
mach, general weakness, & diseases like
organic diseases of the heart of the heart-
arteries, & in the chest, & the first of
all which we are acquainted with should
increase the liability after an attack of it.
Hence all predispose to the disease
The exciting causes are the sudden repulsion
of eruptive diseases, entrance of heat as a new
form, the sudden suppression of discharges.
A third Point in whom asthma is strong &

298
from external heat changes of the weather
more than effect them. If relaxation diminishes,
the cavity of the thorax as a full stomach,
organic disease of the liver & spleen, spasm
of the wind & exposure to cold are also causes
among the exciting causes. Treatment
our main object here is the therapeutic
contraction to relieve, which if the Pa-
tient be young is done by bleeding in
small quantity often repeated, except
when pneumonia inflammation super-
venes when the Patient is to have a large
quantity taken away at once; local
bleeding is often found beneficial by
sponging of cups applied to the chest, &
taking away six or eight ounces af-
terwards giving a mercurial purgative
then applying a plaster or poultice made
of bruised Garlic root to the chest, & promote
a free expectoration, as this tends to relieve

299/ the Patient by the Pil. Scilla. \mathfrak{ss} per die,
as the action of the stomach is sometimes
disordered, occasioning heartburn. we must
employ those medicines recommended in
dyspepsia; we may likewise give at night
a Bolus composed of Gum \mathfrak{ss} Ext. Hyoscin.
 \mathfrak{ss} Conf. g. s. keeping the bowels at the
same time gently open. \mathfrak{ss} Digitalis \mathfrak{ss} for the
in die has been recommended in this case,
also inhalations of oxygen gas by A. Wood,
but Sir George says there must be some affec-
tion to the use of this, as when suspended it
has a tendency to inflame the Lungs &c.
frequently this disease terminates in Pleu-
-morion. We must endeavor to prevent the
recurrence of this malady by correcting
the predisposing cause, for which purpose
we must recommend temperance and
exercise, the bowels to be kept laxative,
& giving medicines calculated to aid the

digestive powers prescribe also change (300)
of air, to a dry & cooler & more atmosphere.
Generally speaking a Patient labouring under
this malady cannot exist in a warm atmo-
-sphere, as that of a crowded room or city,
but there are some persons with whom the
crowded air of a city agrees better than that
of the country - The Diet must be light
& moderate; all that promotes acidity
or flatulency must be avoided as
all fermented liquors. To change the climate
will be efficacious when winter approaches.
When colic is excited by other diseases,
you must moderate the malady, as sup-
-pose a Patient had been accustomed to
have a discharge from the hæmorrhoid
veins, & it is suddenly suppressed, then it
will be our practice to give Aloetic
pills or apply leeches to the verge of the
anus; if it proceeds from the sudden re-
-turn of cold it must be more speedily

34 / them by Blitters, fomentations, sinners
I sudorifics. If there is a disposition or tendency
for Pneumonia supervening, bleed instantly
& apply Blitters to the chest. & Antispasmodics
have been recommended in this disease as
Oil of Rose. & Mint of Sassafras, & other &c. Smoking
the Blitters apple has been known to afford
relief.

Genus 2^d Dyspnoea. Cullen

Difficult respiration, continual; without
sensation of constriction in the breast; but ra-
ther of fullness & obstruction there: cough
frequent through the whole course of the di-
sease. Idiopathic. 1st Dyspnoea Catarrhalis;
frequent rough bringing up much viscid
mucous. 2^d Dyspnoea Sicca cough usually
dry. 3^d Dyspnoea acuta increased by every
change of the weather 4th Dyspnoea to sea
rough bringing up earthy & calcareous matters.

3. *Cystura aquosa* urine is small (312)
bly; swelling of the feet; no fluctuation
in the breast, or any other characteristic
signs of water in the Chest. 6. *Cystura*
pinguedinosa; in fat persons, ^{the} *Cystura*
thoracica, from the parts inclosing the tho-
-rax being hard or ill formed. 8. *Cystura*
extrinseca; from evident external cause
Symptomatic of the diseases of the heart
or larger vessels; of abdominal tumours;
of various diseases.

Genus LVI. *Petisus*. Cullen
Contagious; convulsive & suffocating
cough; with a loud hooping noise at each
inspiration; often attended by vomiting.
In functionibus naturalibus. This com-
-plaint differs from all the diseases of
the voice. 1. *Spasmi* in two particulars,
1. in being like the other Exanthematous
contagious, 2. ^{only} in attacking Persons but once
during life. It is sometimes slow, & at other

303) quick in forming. It generally starts
its attacks with dyspnoea, is common at first,
the expiratory motions then become quick &
hurried, & performed with a convulsive action
making a hooping & sonorous noise, which is
immediately followed by a convulsive cough;
this is repeated several times (that is both the
sonorous inspiration & cough) in general three
or four, when a quantity of mucus is brought
up from the lungs, after which the fit ceases
& the Child recovers, although sometimes it
is affected with difficulty of breathing & a sen-
sation of fainting which continues for a
little time. These fits recur at an certain
intervals. In the early part of the malady in-
stead of mucus, vomiting takes place and
the contents of the stomach are brought up,
when the Patient will complain of being
very hungry, & will eat with avidity if food
is given him. The duration of Pertussis is
certain; seldom if ever terminating before

three weeks; commonly two months ⁽³⁰¹⁾ more.
The child, if capable of walking, will strive
to avoid the concussion given to the frame
by the action of coughing, by laying fast
his Co, when the fit is begun, to a chair or
wishes you to hold him tight round the
body. The cough at the beginning is dry,
& the fits of coughing more frequent, but
as the disease advances a thick mucus
is brought up, when this takes place the
fits occur with less frequency; there will
be often during the fit a tingling of the
temples about the head & neck, arising from
the blood being impeded in its course thro'
the lungs, occasioning bleeding from the
nose &c. There is no fever at the commence-
ment of this complaint, but towards its
latter stage febrile symptoms are frequently
visible with exacerbations in the evening,
but this does not necessarily follow; also it
is not necessary that the disease should be
attended with a cough or the 'croupy' hoarse

385/ for instance if a family of four children
are taken so well, in three of whom all the
symptoms of Pertussis occur, but in the fourth
the whole of the symptoms except the hoars-
-ing cough are present, the child having a
cough, but not attended with a sonorous
noise, & by the disorder prevailing in the
other children, you draw your conclusion
that it is Pertussis. In a violent fit of cough-
-ing there is danger, especially when the
child is plethoric, as it frequently produces
convulsions. Suffocation has sometimes ensu-
-ed, when the child has been so weak, as to
be unable to bring up the adhesive mucus,
Hæmoptysis may take place, & induce pul-
monary consumption. Some writers have
supposed the seat of the disease to be in
the stomach, but this is erroneous. The
hoarsening is said to arise from spasmodic
action in the glottis. The diagnosis is formed
from the hoarsening inspiration & convulsion.

cough. Your Prognosis according to the (506)
age of the Patient, if the Child is under
two years of age, it will suffer more than
older children; from a calculation made
in London it has been discovered that by
far the greater number of those who die
of Pertussis are under the age of two years,
it has likewise been observed that Chil-
dren born of scrophulous or asthmatic Pa-
rents suffer more severely from this malady
as well as from eruptive diseases. The
supervention of Typhoid attended with a
dry cough are always to be looked on as
unfavourable; but if the appetite continues
unimpaired, the Child soon recovers after
the fit is over, & following his amusement
& a copious expectoration of mucus, the
Child will invariably recover if no in-
flammatory symptoms supervene. Ho-
moptysis, & difficult respiration continuing
in the intervals between the fits may pro-

304) fatal, also convulsions. The exciting cause
is specific contagion. With respect to the
predisposing cause, those who have never
had the malady are liable to it. Treatment
in conducting the cure it will be our
object to relieve the morbid secretion in
the Bronchia & the spasm in the Glottis;
which is assisted by favouring expectora-
-tion, & diminishing the morbid secretions.
There are certain diseases incident to our
frame, which last for a determinate pe-
-riod, & to this class belongs Pertussis - there
are no remedies which will cure it in a
week from its commencement, tho' they may
be given so as considerably to alleviate the
malady; the spasmodic symptoms will often
continue for months; as this is not a ne-
-cessary property of the disease it may
be stopped by proper medicines. In order to re-
-lieve the complaint, we have the high
authority of the Sydenham to Bleed & purge

but this practice is pursued now with (318)
relation to the habit of the Patient if the
Child is of a plethoric temperament, & the di-
- sease is combined with inflammatory ac-
- tion, then taking away blood will be highly
- requisite & giving evacuates, but where the
Child is of a contrary habit of body the
cure must be proceeded in a different way.
The Treatment recommended by Dr. Huxham
is that which is now adopted, this is the
occasional exhibition of emetics as Ant.

Casualties
Part 1st Pulv. Specac ʒ after its action
is over give a mercurial purgative as fa-
lounel ʒij Pulv. Scam. ℥ssij; the
Diet must be of a mild kind abstain-
ing from animal food, & taken only in
small quantities, if this plan is pursued
in the disease will often pass off with-
out any disagreeable consequences. Conside-
rable benefit has been derived from neu-
tering medicines as Rn L. Part 1st Mist Camph.

309) $\frac{1}{2}$ ij a tea Spoonful of which to be taken
^{two} every three or four hours, the solids at the
same time to be kept in a proper state
by Conf. Linnæ. & the mercurial purga-
tion to be occasionally repeated. If in-
ferior, then employ Blood-letting &
Blisters or a garlic plaster to the Chest
also rub it with Lin. Camphoræ $\frac{1}{2}$ ij. Cat.
Tart. $\frac{1}{2}$ ij. If the Spasmodic cough continues
it is to be stop'd by sedatives, change of
air & tonic medicines. Some writers re-
commended Lanthanides to produce a sten-
gency as H. Sydenham - but this Sir George
does not approve of.

Genus. IV. Pyrosis. Cullen -
Burning heat in the epigastrium; with
effusive evaporation of an aqueous fluid;
generally insipid; sometimes acid. ⁴ M.D.
In this sometimes ^{symptomatic} ~~the~~ - In functional

21
nature of it is. It is mainly caused by a
long period of time if neglected attains a
considerable degree of violence. It commences
with symptoms of dyspepsia, after a short time
the pain attendant on this (dyspepsia) seems
to increase as well as the nausea & vomiting,
and at last the Patient observes that he
brings up by vomiting a watery fluid, at
first only in small quantity but which gra-
dually increases to a pint two or three
times a day; after the rejection of this fluid
by vomiting the Patient is very much re-
lieved; he finds also that by taking food
these symptoms are alleviated. It is gene-
rally considered that the pain is to be at-
tributed to the acid fluid excreting
the inner coat of the stomach. The fluid
is said to be a peculiar morbid secretion
of the arteries which ramify on the internal
coat of the stomach. It is evident says Be-
thune that whenever a considerable sec-

III / For if this fluid occurs, that it must dis-
-order every function of the stomach as well
as other parts, debilitating the person, & his whole
frame wasting, which surprises him much
as his appetite has continued to increase.
The other secretions of the body are diminished
the skin being dry & the urine scanty -
This complaint is unattended by fever,
& continues for an uncertain period as it
may last for weeks or months. Your Diagnosis
of it is recovered easy there being no malady
where a similar fluid is rejected from the
stomach. Your Prognosis is always favour-
-able. Its Proximate cause is supposed
to be a morbid action of the spleen, which
remains on the inner coats of the stomach.
With respect to the Predisposing & Exciting
-causes they are by no means well under-
stood; all that we know of the former
is that it occurs in some families more
frequently than others. ^{at} Treatment. The

mode of treating it, as plain says (312)
Dr George has been very much misunder-
stood; from our knowledge that food taken
into the stomach affords a great relief,
some Writers concluded that the Patient
might be cured by emetics, but this is a very
erroneous conclusion, as emetics will not
only prolong the disease but weaken the
stomach. Isterigen trisodates are the
only proper remedies as a powder composed
of Opium in the Extract of Pulv. Alum. &
Kino &c. be in Dec or Symp. & teching
Alum. & ad xv. Tho' all these will succeed
the chief dependence is to be placed on
the Opium which Dr T. affirms to never
have proved ineffectual. The Bowels if con-
stipated are to be kept open by Rhubarb
or Castor oil. If the rejected fluid be acid
then give $\frac{xj}{\text{ss}}$ of Magnesia to every dose of the pre-
par. After the secretion has been stopped
the best remedies are K. lytes & a proper

31st Nov, I have either the sulphate or sub-
carbonate - Diet to be light, allowing no fer-
menting liquors, or hot infusions -

Treatment of Colica

As the spasmodic contraction is the chief feature
of the disease our object will be first to relieve
it - this will in general be effected by freely evac-
uating the bowels with Magnesia \frac{ss} Pulv. Rhei \frac{j}
or Ol. Ricini \frac{ss} - Suppose the stomach rejects this
medicine or it does not operate: the lower part
of the alimentary canal must be acted upon by
glysters of Ol. Turbith \frac{ss} beat up with the yolk
of an egg & mixed with \frac{ss} of thin gruel - The P.
should be put into the warm bath - if nothing
is retained on the stomach & the Turbentine gives
no relief, Tobacco injections should be resorted to
Inf. Tobacco \frac{ss} . Cases are related where cold water
dashed on the abdomen has succeeded when all other
remedies had failed - we may also give the Hack
draught: after the bowels are once opened, they
should be kept so by giving \frac{ss} Ol. Ricini daily.
When the effect remains after the exciting cause is
removed, sedatives may be given with antispas-

medicines, as Mist. Fatted Elix. cum St. Opii & Theriaci -
anum is at present a favourite sedative - In
colica mucronalis the warm bath & a tea-spoon-
ful of St. Ricii should be employed, which may
be mixed up with Syr. Rosae. In Colica Pictanum,
the best purgative is the St. Ricii, but as this
complaint advances slowly, it requires some me-
-dication of a more specific action to operate on
the poison as Hyd. sub. pt. or it may be com-
-bined with Opium & given until it effects
the mouth, producing a slight salivation. For
Colica calculosa there is no certain cure; if the
disease be situated low down in the rectum, a
bougie may be passed up which will sometimes
relieve the stricture - In colica verminosa,
purgatives such as particularly act upon the lower
part of the intestinal canal should be given -
for a child 3 years old Hyd. sub. pt. & Theriac. Elix.
When Colica arises from Ascarides it is to be reme-
-died by Turpentine injection, composed of St. Theriac.
For Tenia nothing is so successful as the St. Theriac-
dose & it may be given in larger doses, but Dr.
Fothergill says, he never knew any benefit to be
derived by doing so - it may either be given by itself
or mixed with new milk - Tin filings have also been

used & are supposed to act mechanically: they may be given in doses of ℥ mixed up with treacle, and as acids seems favourable to the production of worms, the mineral alkalis will be found useful: strong purgatives are also recommended such as Scammony & Gamboge. The stiff hairs of the Dolichos Purpureus are very successfully employed in Ascarides & Lumbrice; the pod is to be steep in Syrup & afterwards scraped - dose ℥j - The root of the Spigelia Marilandica is sometimes used in doses of ʒss ad ʒss: - if after evacuating the bowels symptoms of inf. should supervene blood-letting & the antiphlogistic regimen must be resorted to.

Treatment of Cholera Morbus -

The excessive secretion is the main object to be regarded and should be our only object to correct - Those who have proposed first to evacuate the bowels & afterwards to correct the secretion are evidently wrong, if we were to wait until the operation of a purgative in some instances, long before we had reason to expect the medicine to have effected half its purpose, the Patient would be dead. Besides the morbid & excessive secretion of bile would not require such a remedy - the best plan of proceeding is to give from 40 to 60 drops of Laudanum & to be repeated in doses of 10 or 15 drops every half hour after, until the morbid action be diminished. The ℞ ℞ii may be given with Inf. Calumbæ.

The Patient should drink freely of light animal decoctions which are better than vegetable. If the vomiting should immediately succeed the R. Opii it should be continued with an effervescent draught - if all these fail Opium must be employed in injection, & if nothing remains in the alimentary canal, friction on the region of the liver with the warm bath may be used, the latter being well calculated to relieve spasm. If by such means we are able to check the disease there will necessarily be attendant a great prostration of strength. The best medicine to promote the healthy action of the stomach & bowels is the Inf. Calumbæ - great attention must be paid to diet: the animal broths must be continued for sometime: some have recommended Nitric Acid, but it is a medicine so inferior to Opium as not to deserve notice. — — — — —

Treatment of Diarrhoea

Our object is to diminish the excessive action by removing the exciting causes, which if it can be done will in general cure the disease. In Diarrhoea brachycolosa, where the intestinal canal is overloaded, we must make use of purgatives as Calomel gr^{ss} Pulv. Rhei gr^{ss}, if this does not act freely, give an ℥j of Infus. Sennæ. every two hours until it operates. Castor oil is a good purgative - sometimes mixed with

-gatives may be employed with success as Mag-
nesia, Rhubarb & Anromatic confection: when the sto-
mach is disordered an emetic of Ipecacuan should
be given, but it is seldom necessary: if the peristaltic
motion still continue irregular motion the standing the
the removal of the exciting cause, sedatives ought
immediately to be given & if combined with a diapho-
retic will still be more efficacious as Pulv Ipecac
℥ss Pulv. Opii ℥ss Pil Hydr. ℥ss cumibus ter horis ---

In Diarrhoea Biliosa. The treatment should begin with
mercurial purgatives as Calomel, & afterwards small
doses of Opium & Calomel repeated every night &
morning: in Diarrhoea Mucosa our object is not
the removal but the correction of the morbid action,
for which purpose we give Mercury & Opium in
small doses; after the morbid action is allayed, Ro-
ries will be found useful, and astringents may
be employed with the Calomel & Opium as the Dy.
Catechu, Kino, &c. Haemorrhag. Diarrhoea Biliosa
is usually symptomatic, but sometimes depends
upon enlarged mesenteric glands: this complaint
is frequently incurable: In Diarrhoea Hepatica
the disease is seated in general in the liver: here
again the best remedy is Calomel & Opium: Dia-
rrhoea Lienteria is best relieved by Opium: when the
inflammation is seated in the lower part of the canal

Marsh glysters with Laudanum will be found very
beneficial: After all these different species of Diabetes
are checked, tonics will be found highly useful.

Treatment of Diabetes.

The main defect in this disease is the great quantity
of urine secreted & our object will be to remove it.
Dr. Kollo found that by depriving the Patient of ani-
mal food, the quality of the urine changed, & no lon-
ger possessed the saccharine taste: however easy
this mode of living may appear to be, it will re-
quire great resolution to put in practice, more in
fact than the generality of persons possess. Opium may
be rubbed externally & taken internally - the Nitric
acid - the mercur. salt - blisters & issues are all used
to relieve the symptoms - Dr. Kollo chiefly relied on the
petrified Ammonia in doses of ij ad ij ss . Astringents
as Catechu & Kino are useful: but Mr. Watts conceives
it to depend upon infly action has employed blood-
letting, and in some instances with great success in
cases of the most desperate kind: the result of the same
treatment, says Sir George Sutherland, in London is by
no means so favourable as described by Mr. Watts, still
there have been some persons cured by the above method.
Now suppose under any plan we succeed in stopping
the morbid action, one end that will be to strengthen the

general system, and particularly guarding against co-
stiveness and employing those remedies recom-
mended in Dyspepsia, whilst the Patient returns to a lax
vegetable diet. —

Treatment of Hysteria

Our object in the disease above is to diminish the mor-
bid irritability of the nervous system after the Paroxysm
is passed - Bleeding has been employed, but by some is con-
sidered highly improper, yet Sir George thinks there are
many cases in which it might be useful & strongly in-
dicated, altho' it must not be resorted to where there
is debility, but, among the young & those who are of a
plethoric habit it will be of essential service: to rouse
the Patient during the Paroxysm stimuli may be given,
as Spt. Ammon. fatis & succin, the temples at the same
time rubbed with ether, & the feet put into warm
water: in obstinate cases glysters should be thrown up
of the antispasmodic kind: if the Patient remains
long in a state of stupor, food may be passed into the
stomach by means of an elastic tube introduced down
the oesophagus, & as soon as the P. is able to swallow an-
tispasmodics may be taken; if accompanied by
Acet. ben. alkalis are useful: after the fit Val-
erian is a good remedy in doses of ℥j or as large as the
stomach can bear, or the Tric. Mosch., Castor, Ammon. fatis
with Camphor mixture. Opium is frequently the best

or by a large dose both before & after the fit
also in shortening it, giving from 36 to 60 or 60 drops
small doses being of no use: The morbid irrita-
-bility will be relieved by paying attention to
the alimentary canal, and the food taken, this
in young women who are of a full habit, is best
promoted by diminishing the ingesta & increas-
-ing the excreta: Emetics, antispasmodics with
cold bathing are to be employed: Of Tonics the mi-
-neral ones are the best combined with antispas-
-modics as Pot. Ferri, Magnet, Marsh & Castor of each
℥v. made into four pills, taken every six hours:
at the same time the mind must be kept calm
& at ease: warm bathing is sometimes useful: if the uterus
be affected attention should be paid to that organ (i.e.)
if accompanied by retention of the menses our treat-
-ment must be the same as mentioned under the
head of Chlorosis, but if accompanied by Menorrhagia
look to the cause under that head: if with Fluor Alba,
our endeavour will be to stop the excessive discharge
or secretion by giving the Liq. Sulph. $\frac{j}{4}$ doses, but it
should never produce nausea, for it does it cease
to act as a tonic. —

W. Church Street,
John Sydenham

Treatment of Hydrophobia

When the disease is formed we can do no good: the only period at which we can be of service is at the time of receiving the injury: it seems probable that some hours may elapse from the infliction of the injury and the removal of the pest, without being attended with much disadvantage, tho' the sooner it is removed the better: some have advised cupping glasses to be applied after the extirpation. Bleeding to the extent of 100 ounces. Warm & Cold bathing, antiperiodics, vegetable & mineral ~~preparations~~ acids & alkalis, have all been used without success at least with no permanent advantage. —

Treatment of Scurvy & Atrophica

Our main object will be to reduce the state of the secretory glands, for which purpose we must remove the exciting causes: the diet nutritious but very moderate: the Child should be warmly clothed & kept warm, for indeed the disease is increased to be most frequently engendered by the things with which children are generally clad. In this climate we commence our treatment by giving the Patient a dose as *Hyd. sub. cit.* can be

Since 3 postprandial quater horis, this should be repeat-
ed every third day. after the bowels are evacuated
the best remedy is Iron: the Carbonate is preferred
because it is tasteless, giving ʒiis time in ʒiis
Miner. Ferri ℥ss ad xxx: after a short time the Stim-
ulants should be sent to the vessels, and tepid salt water
bathing adopted: if any acidity should prevail, it
must be corrected by alkalis: Sir George says that
however some may derive benefit from Mercury
he never yet saw it succeed, and always found it
prejudicial in pulmonary constitutions.

Treatment of Pneumatosi.

In the treatment of this complaint our main object
will be the evacuation of the air, and the pre-
vention of further accumulation; for this purpose
pressure is to be employed by Bandages; also Treph-
ment of Anomalia & punctures made with the
lancet: If the ribs are fractured they should be
made to approximate & afterwards retained there.
If the breathing is much oppressed blood-letting may
be resorted to, and is recommended by some
Authors of celebrity.

London.

Treatment of Tympanites

Our object here will be the removal of the air, and to prevent its return - to accomplish this antispasmodics are occasionally recommended together with aperients: the Sp. Sacchar. \mathcal{E} ss. proves sometimes useful. The Mist. Fatis em. Orem. Anis., the Sp. Ether. \mathcal{C} . \mathcal{E} ss. added to each draught: the Bals. Peru. \mathcal{F} ix em. Mist. \mathcal{F} ats at the same time the bowels to be kept open with Castor Oil, Hyd. Sul, or Lixt. Colocynths. \mathcal{C} . Some have used iced water applied to the abdomen with advantage whilst the body is bound round with a bandage: the Warm bath, warm Plaster, and liniments have all been recommended, also introducing a tube up the rectum. Suppose by any of these means the tone of the stomach has been effected, the evacuation of the air having previously taken place: the after treatment to be adopted is to give tonics as in Dyspepsia also aperients: if inflammation supervenes no medicine is of any avail. — — — — —

Treatment of Physometra

By sedatives and astringents.

Treatment of ~~Spontaneous~~ Haemorrh

The main feature of this disease is the collection of blood together with the causes, our treatment therefore will vary according to the remote causes. The removal of the blood may be effected either by punctures or indirectly by exhibiting medicines which act upon and increase the action of the absorbents. The latter method is universally preferred, tho' it is very useful at times to make punctures, but in advanced life they must be made with caution, from the difficulty of healing them; the indirect remedies are Purgatives, which are excellent medicines, here, but quite useless if merely given to evacuate the bowels, they must be administered in sufficient doses, to produce plentiful evacuations of watery stools, the best purges are the best, the first of w^h Sir George considers Elixirium in doses of \mathfrak{ss} , but cannot be continued without great caution, lest debility should be produced. If Elixirium is too powerful, combinations of Scammony, Calomel, Colocynthis & Opium may be given in such doses as will produce numerous stools. This is one mode of treating and same with scurvy, another, tho' a more uncertain one, is diuresis; and medical men came to adopt this practice from observing w^h was produced by what they termed critical evacuations of urine.

the best diuretic is the following $\frac{1}{3}$ p. of Hydr. Sub. grs
of Scilla & one of Digitalis made into pill & taken
three times a day: letting the Patient drink freely
of a saturated solution of superacetate of Potash
this will commonly succeed, if not, try the Decoct.
Allii Porri & the Potassae Nitricae, or the Potassae Super-
-acetat. dissolved in Decoct. Sacar. with the addition
of Sp. Juniper, or the Potassae Acet. dissolved in some
decoc-tion with Sp. Aether. Nitricae &c, and lastly if these
do not succeed give the purgatives & diuretics com-
-bined. Although vomiting is sometimes success-
-ful; yet the employment of such remedies produce
so much weakness as to injure rather than do good.
When the extremities only are affected purgative by
means of a roller, friction, exercise & mercurial
frictions must be used. Suppose the Liver to be
the cause of the disease, we may give relief
by only improving the action of this viscus: after
the removal of anasarca - the strength should be
supported by chalybeates and Bitters with nutritious
and plain diet

1824
Dr. L. C. M. D. J. in his observations on
the nature & cause of the disease, says &c
that he found a similar &c &c the same
was found in the blood &c &c the same
was found in the blood &c &c the same

the 1st part can have no other meaning
in the case of this wine it was the
exhibition date. The time & circumstances
will think I hope the quantity and the
cause to be in sight. The mixture is
mixed & split the mixture seen to be its
operation. In examining glassware exhibiting
the population of men are considered
to be a principal merit. The appearance is a
matter is in doubt but is considered.
For when the skill does not act as a
could be written, the addition of a gain
in of money, interest and right is
followed by a great plan of wine, at the same
that the salinity glass are affected. The
line begins to be in the spirit in a
of interest in wine not forget all the

the wine is a general defect in which the wine
is good but the slow white wine
that Digitalis is a foreign country & it has
in no instance where it has been
prosperity but it is added that it is quite
the same as the wine which is the
of health which a duty of an
the Digitalis, giving back to the

Increase arising from denting in
the buccal crease of teeth in large
cases - good remedy, affirmed, Bork

New Remedy for Toothache.

Sulphuric Ether, saturated in the cold with
Camphor, & then a few drops of Lig. Ammonia
added. It acts as a caustic. M. Coltereau,
who has employed it for 4 years, says it is always
attended with success. The rapid evaporation
of the Ether causes a slight deposit of Camphor
in the dental cavity, & this protects the nerve from
the air. The Ammonia cauterises. Oct. 23rd 1846

Mineral Poisons.

M. M. Landraz & Bouchardat recommend as an
universal antidote for the mineral poisons, the
Sulphuret of Iron in such quantities, as to be
always in excess in the intestines, to prevent the
absorption of the poisonous matter. They administer
first a Purgative, order a soap bath, then give the
Patient a clistere of Syrup & Sulphuret of Iron
night & morning. Opium, Strychnine, or belladonna
may be employed at the same time. Two Cases only
proved fatal out of 122 with lead colic, these treated,
& the others were rapidly cured. Oct. 1846

On the means of Preventing Red-sores.
The thicker the cuticle, the more it will protect
the parts beneath: you may, if you attend to it,

in time, add to the thickness of the cuticle by stimulating the surface of the skin. Surgeons know this very well, for when Patients are bedridden they wash the parts subjected to pressure, with brandy. What is still better is a Lotion composed of two grains of Bichloride of Mercury to an ounce of Proof Spirits. When you think that a Patient is likely to be confined so long in bed that Sores may be formed on the Sacrum, begin at an early period to wash the parts two or three times a day with the Lotion. I have found it useful in other cases where a Patient suffers from pressure. For example, in a case of Hernia, which requires to be supported by a very powerful truss, the truss galls & frets the skin, & may at last cause inflammation & sloughing; but, under the use of a stimulating Lotion, a thicker cuticle is generated, & such mischief is avoided.

Sir B. Brodie's Lectures on Pathology & Surgery.
June 5. 1846

The Acetum Colchici, neutralised with Magnesia, is considered by Sir C. Sandamores, the best formula for Gout, as it is inoffensive to the stomach, & certain in its effects on the Bowels. Dose 3j to 3ij.

Hydrocephalus.

The external application of Mercury may be ordered to be rubbed in or smeared on the leg (inside, every twelve hours, & covered with a stocking made to tie lightly above the knee). Small doses of Iodide of Potassium (one gr. every three or four hours) may be also given (Braithwaite).

Colicium Tremens-

Whilst the Tongue & Mouth are moist & urine abundant, don't be afraid of giving Opium for the purpose of procuring sleep when needed; but be careful if these symptoms are not present.
(Dr. Corrigan)

Epilepsy

Iodide of Potassium Three grs three times a day, & the mouth to be affected by blue pill - Dr. White

Neuralgia

Apply a Blister as soon as possible to the trunk of the nerve, & sprinkle upon the surface from half a grain to a grain of Phosphor every morning. Attend to the general health at the same time, giving internally every night pil. Hydrag. sic. aloes. opt. Acet. Colchici. a ʒij, and five grains of Iodide of Potassium three a day in any convenient vehicle. This endermic method has succeeded when leeches, blisters, nuxes, belladonna, arsenic, iron, iodine, turpentine & guaiacum have entirely failed - Dr. White

Hemorrhage from the Nose

Introduce the little finger into the nostril, and press upon its floor until the bleeding stops; then take a dopil of lint & roll it upon powdered alum, & press it upon the floor of the nostril with the little finger. Introduce pieces of lint in this way until the roof of the nostril supplies the pressure of the finger. (Dr. Oke)

Fumigation recommended by Serapeth
in time of Cholera. Fumigate 3 times
a day with the undermentioned substance,
— a mixture of 3 parts of common
salt, and one of Black Oxide of Man-
-ganeze placed just inside the street
- door of the house, & a little common
vinegar poured upon it. Oct. 1847—

Cholera. (Asiatic) Three objects are to be
observed in its treatment, viz. 1. To moderate
the morbid action established for expelling
the poisons by replenishing the fluids. Give
the patient a fluid for drink, consisting, as
nearly as possible, of similar elements to the
serum, as albumen, muriate of soda, and
carbonate of soda in a very diluted state, give
also effervescent salines. 2. To prevent local en-
- gorgements, particularly of the liver & small
- bowels. Remove a quantity of blood proportionate
to the exigency of the case, & the organ congest-
- ed. 3. To promote healthy secretion, & allay
pain, irritation, & spasm. Give Calomel and
Dowse's powder freely, until the vomiting and
purging are restrained. (Mr. Clarke).

Cholera (Asiatic) Take thirty grains of Sesqui-carbonate of Soda or Bicarbonate of Potash, put it into a tumbler glass, & add a wine glass of water & a little Syrup. Then dissolve twenty grains of tartaric or citric acid in half a wine glass of water, & let the patient drink it off immediately. Lemon juice maybe substituted for the Citric acid. The carbonic acid is said to act as an antidote to the poison in the system. (Dr. Parker)

Cholera (Asiatic) Loss of power in the heart is said to be one important lesion in cholera, and nature, therefore, endeavours to remedy the disease in four ways which be ought to study, viz. 1. Vigorous muscular pressure (by cramps) which propel the Larynx & towards the heart. 2. The Absorption of the water restores the blood to its natural or liquid condition. 3. Stauis, by causing general relaxation of the system, diminishes the obstruction to the passage of the blood in the vessels. 4. Retching, or vomiting, assists mechanically in driving forward the blood in the distant congested vessels. (Mr. French)

Cholera (Asiatic) First give calomel, & rhubarb, also, a ʒi ss of Bolus; then Liquor. Ammon. Mx.

and repeat in half hour doses if repeated.
Effluvescing draughts, soda water, liq. ammonia
externally over the chest, abdomen, & upper and
lower extremities, as a rubefacient, vinegar &
water to the head. Convalescent treatment,
& laxative after the second or third day,
& tonics for a week afterwards. Use opium
cautiously. For the spasms or cramps, stretch
the lower extremities, taking hold of heel &
toes & bend the toes & foot towards the patient
as he lies, gently & repeatedly. Use also cham-
-bering. (Allapods, of Madras) —

~~Dysentery~~ ^{Diarrhoea} Try Acetate of Lead for obste-
-nate cases of Diarrhoea, accompanying
uterine phlebitis and peritonitis. This medicine
seems to act by ~~checking~~ checking the peris-
-taltic action of the intestines, & allaying pain
by blunting the sensibility of the mucous
membrane. (Dr. Smith.)

Dysentery. R. Battley's solution of Tereb-
one drachm; Tinct. of Muriate of Iron, one
drachm; water six ounces. mix & give a
quarter part every four hours. (Mr. Gervis.)

Nephritis. Give Copaiba in ten drop doses 3 times
a day, in cases of Nephritis, with suppression of urine,
after bleeding & the ordinary treatment have failed.
(Mr. Roberts.)

On Chronic Diseases of the Stomach
By Wm. Thayer. M.D. M.R.C.S.E.

The treatment in simple cases comprises two heads; first, to relieve the present pain; and, secondly, to restore the healthy condition of the digestive functions.

For my own part, I feel confident that the application of subacetate, to the stomach, as a large mustard poultice, & of warmth to the surface of the body, & the feet especially, & at the same time the exhibition of a mild sedative, will be found to answer best. For the latter purpose, one grain of the Ext. of Belladonna, made into a Draught with two drops of Hydrocyanic Acid, & an ounce of Camphor elixir, will be a good formula.

In slighter attacks, accompanied with liquid or flatulent eructation, half a grain of the Ext., made into a pill with 10 grains of Bicarbonate, & a drop of essential oil of Peppermint, & be repeated every

four or six hours. I have found of great service - To fulfill the second indication, vegetable matters, & mild preparations of iron, particularly the citrate, along with Bismuth & Rhubarb, may be had recourse to. "Prospectus of Medicine 1845"

Treatment of Infantile Gastric Fever
By Golding Bird A. M. - M. D.

The origin of Gastric fever occurring among children is usually to be ascribed either to unhealthy ingestion, or depressed secretions. The Pulv. Soda. C. viz,

R_x. Soda. Carbonat^s, Exsiccate 30
Hydrargyri. Chloridi 3j

Pulv. Cretæ. Compositi 3℥

in doses of from three to eight grains at night, & a full dose of the Pulv. Rhei. Salin - viz, Pulv. Rhei 3j

Potassa. Sulph 3j

every Morning for a week or so will in most cases be found very successful treatment.

Guy's Hospital Reports April 1845.

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Hemiplegic Fever. The treatment in these cases, says Dr G. Birch, is exceedingly simple. First, remove the hair, wash the body daily all over, & put the patient on low diet; and after clearing the bowels with Hyd. c. creta, or ol. Ricini, give Soda. Sesquibarb., untill the state of the secretions is corrected, quinine then given acts almost like magic, curing the patient generally in a week.

Lynn's Hospital Reports,

April 1845

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Prescription of Mr. Partridge for Chronic Inflammation of the elbow joint - inflammation of the bursa under the extensors -

Rj. Iodine ℥ LXIV

Potas. Iodid. ℥ij

Sp. Vin. Rect. ℥j

Applicand semel vel bis in diebus septem

Liquor "Iodine Paint -

March 19th 1849

¹
Terminum used by Florence Diet for the other
Sulphur Sublimat - two parts
Potap. Subcarb - one part
Adeps Squilla - - eight parts
Half an ounce of this Ointment - to be
rubbed in night & morning - This generally
effects a cure in ten or twelve days -

Observations on Cholera by Sam^l Rogers, Surgeon
of the Madras Army - 1848.

" It is neither contagious or infectious -

" That Cholera has its origin in other than
human sources, & that the communication
of the sick with the healthy is not necessary
for its diffusion -

" That Cholera may be in many cases averted,
& its mortality much lessened by proper pre-
-cautionary measures being adopted -

" The first material cause of Cholera is now
generally admitted to be a specific poison,
which, acting through the nervous centres, produces

its deleterious effects by destroying the vitality of the blood -

"For the development of the disease certain exciting or accessory causes are requisite, as some sudden meteorological phenomena, brought about by a storm of thunder & lightning, accompanied by a heavy fall of rain in the hottest weather - Crowding large bodies of men into small imperfectly ventilated buildings - Decomposition of animal or vegetable matter, & effluvia arising from foul drains - Sleeping, particularly on the ground, in low swampy situations - Impure emanations arising from congregations of large bodies of men, whose constitutions are highly susceptible of disease from some particular circumstances -

"To produce the disease in full activity certain accessory agencies are ^{requisite} ~~necessary~~ - that there exists a primary essential cause - a specific poison - & that on a combination of these two conditions taking place. Persons who are predisposed, either from their general habits of life, or some temporary circumstance in their condition, become the victims of the poison -

Persons are frequently known to be attacked with Cholera who have taken a dose of purgative

Particularly aperient
medicine, especially ~~of~~ salts.

Mr. Twining says that he has known an
attack of Cholera result from the administra-
-tion of every sort of aperient medicine,
except castor oil, during the prevalence of an
epidemic - One Officer lost his life from
taking a salubility powder, & another from a dose
of colicynth -

" During the prevalence of epidemic Cholera
great precaution therefore is obviously ne-
-cessary in the use of purgatives, as the disease
may be called into existence by the overaction
of such medicines -

" The affection of the brain existing in this
disease is peculiar - a degree of drowsiness,
from which the patient is easily roused to
give a correct answer to questions, but he soon
inconsistently relapses, nor can he answer many
questions at one time -

in Cholera Asiatic

Rationale of treatment pursued by J. Lawrence
of the 34th Reg^t of Native light ^{Infantry} ~~regiment~~ in 1837

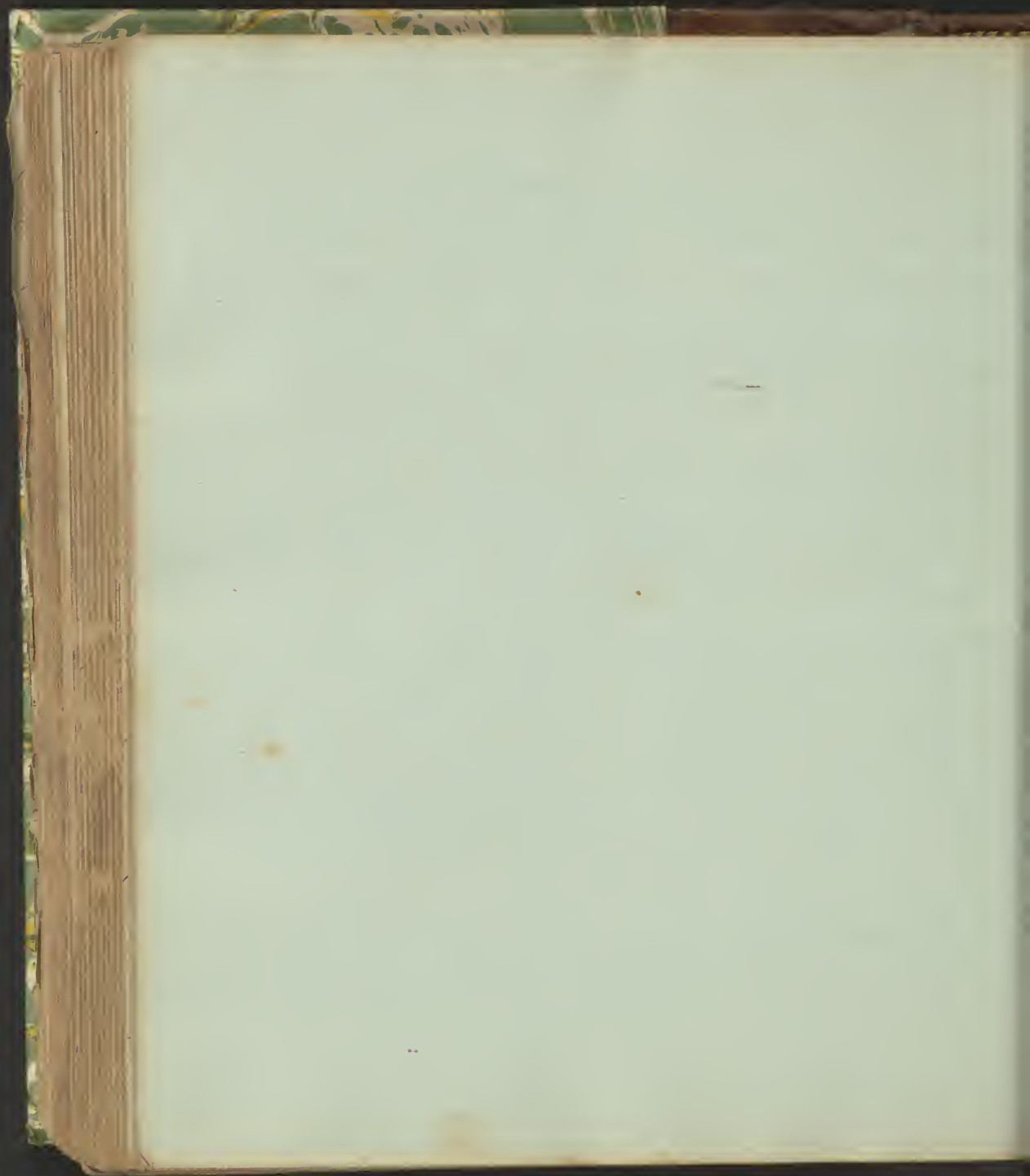
" Generally on admission a full dose of Calomel combined with two grains of Opium was given, followed by a draught of Ammonia, Ether, Tincture of Cloves and forty minims of Laudanum in a little Camphor Mixture or Spirits & water, & if repeated both Pills & Draught. When the stomach became tranquil the Calomel was prescribed in small doses combined with Capsicum every three hours, & the stimulating Draught continued as circumstances indicated.

In a few instances Mustard omentis were prescribed without any beneficial effects from their operation. When the diff. depression was great, the usual diffusible Stimuli, such as Ammonia, Ether, Brandy, or Port Wine were had recourse to; but a decided preference was given to Ammonia, & I think it proper this advantage over the other Stimuli, that it can always be repeated at short intervals, & in increasing doses according to the degree of sensibility remaining in the stomach. I have therefore prescribed it in doses of ten to fifteen grains mixed with a little Brandy & water, every ten or fifteen minutes in cases of extreme collapse, & in several instances with decided effect. Saline effervescing Draughts & Soda Water mixed with a little Brandy, & from forty to sixty minims of Tinct. Opii, were in some instances substituted for the Ammonia & Ether, for the purpose of allaying the vomiting and

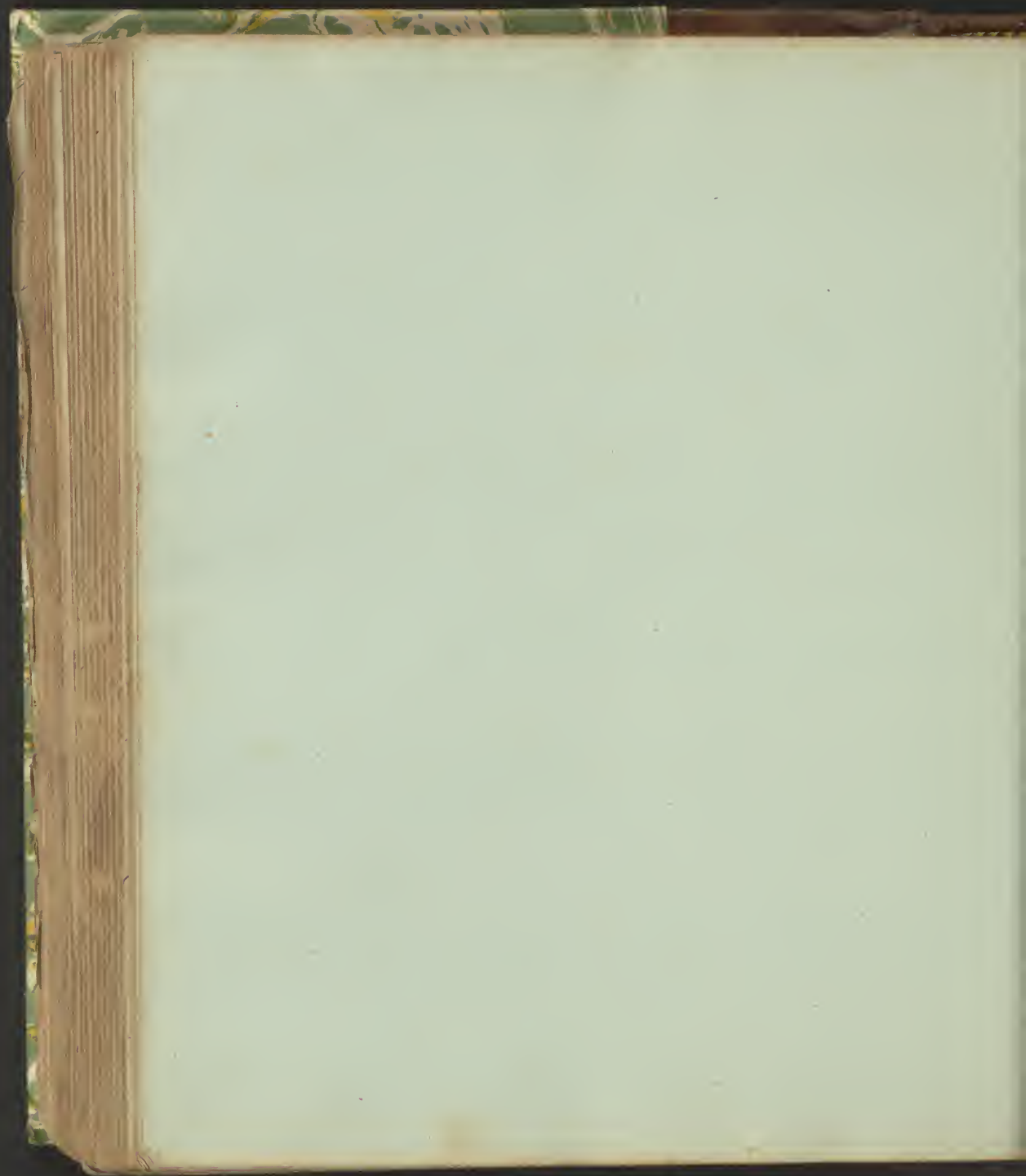
Soda Water for drink. Subsidiary to the internal treat-
ments were the applications of sinapisms to the epi-
-gastrium, spine, & extremities, & hot epithems, & friction
of turpentine. Hot sand bags to the feet were never
omitted -

Treatment by ^{Dr} Trail of the 31st Regiment -

The Pill I now usually prescribe is Calomel, Pulvis
Capivi & a ~~grain~~^{grain} of Opium, Apapoteidath, which
if rejected is shortly afterwards repeated; but if
retained & the purging continues







11 Blank Leaves Not Scanned

In tidotes to Persons continue — — —
Preparations of Lard — Give emetics — Sulphate
of Magnesia dissolved in mucilaginous fluids,
Opistes to allay spasm: warm bath: Castor oil & purge
tine clusters of Inf. Senne see Colocynth. Tests — Sulphuric
acid & the alkaline Sulphates form an insoluble white
precipitate — Chromate of Potash forms a yellow — —
Potash, Soda, & Ammonia. Give some mild acid to
neutralize the alkali as vinegar, diluted Lemon juice
also mucilaginous drinks. — Tests — Alkalies change
violet^{colour}, of a green colour & turmeric paper brown.
Muriate or Nitrate of Barytes. Give Sulphate of
Soda, Magnesia, or Potash dissolved in some mu-
cilaginous fluid, to be drank freely. — they form an
insoluble Sulphate, which is inert — — —

Sulphuric, Nitric, and Muriatic Acids — Give
calcined Magnesia if at hand; if not Soap, Chalk
or the Alkalies diluted — Test. they turn vegetable
blues red: oxalic, tartaric, fluoric & vitric Acids the same
mode of Treatment to be pursued as in the above.
Potash Nitras — Give emetics, mucilaginous
drinks, milk & emollient spungative glysters. They
detonate on burning coals: when mixed with Sulphuric
acid, red nitrous fumes escape

Phosphoric — It is advisable to expel this as speedily

as popivle from the stomach - it has been recommended
to distend the stomach with food & then to excite
vomiting & to give diluents freely - Test. if dissolved
in oil it is luminous in a dark room ~~~~~

Opium - Give sulphate of Zinc $\frac{1}{2}$ or $\frac{1}{4}$ every ten
minutes till vomiting is excited or Sulph. Cupri $\frac{1}{2}$
and $\frac{1}{4}$: tickle the throat with a feather & use every possible
means to warm the stomach: if the Patient cannot
swallow it will be advisable to pass an elastic tube
down the oesophagus & thus introduce emetics. In some
cases it will be proper to open the jugular vein to relieve
the vessels of the brain from a state of congestion. If
scarcely any pulse remains, Brandy & Ammonia should
be introduced into the stomach. Acids should never
be given until we are quite convinced no Opium
remains in the stomach. Active purgatives both by
the mouth & per anum - Coffee may be drunk freely.
Children are much injured & sometimes destroyed by the
too free use of Symp. of Opium, in such cases give An-
monia, Brandy diluted & wine with the warm bath
& use the same treatment when. Convulsion Marulatum,
Hypocisternus Niger, Lactuca Virosa, Cicuta Virosa,
Atropa Belladonna, Aspidium Napellus, Nuxvomica
Sanguinaria Purpurea Fungus or Sarcocolla Camphora
is taken ~~~~~

Purp. Urt. - Give Ammonia, Brandy & oil
of Turpentine in small doses conjoined with ar-
tificial respiration if required

Dr. Nuttall recommends the following appli-
-cation in Puerperæ the beneficial effect of which I
have myself witnessed, whilst a pupil of the above
gentlemen - Rj. Ung. Hydrarg. ʒij Ung. Sulphur. ʒj
Pulv. Opii ʒi R℞

Also the following in Diarrhoas, Cholera Morbus &c
Rj. Pulv. Meac. ʒʒ Pulv. Hydrarg. ʒij Pulv. Opii ʒj
℞. Cap. ʒi semides duobus horis

Also the following Suppository for the Diarrhoea
incident to pregnant Women Rj. Ext. Castoreæ
Ext. Hamatoglyton. ā ā ʒʒ Pulv. Opii ʒi R℞ - inter-
ductum sit in anum

Antidotes to Poisons taken internally -
Bribe of Arsenic - Give an Emetic, if vomiting has
not taken place & afterwards Milk, white of egg & mucila-
-ginous drinks -
Hydrargyri Cymerias - Give White of Eggs & milk
immediately - (the former decomposes corrosive subli-
-mate & throws down an insoluble salt, with in
its operation) then give barley water or Rissid tea to
wash out the stomach; afterwards saline purga-
-tives by the mouth, with emollient clisters -
Antimonium. Tartarizatum - Give decoction of

Dark-Bark, Infusion of Galls, or Common Sea, all
these decompose it - if Stomach irritable give Opites -
Test. - with Sulph. Acid forms a white precipitate; the same
with alkalis, & an yellow one with the Dark-Bark & Galls -
For Pertussion in Muricis, the same treatment -

Subacetos Cupri vel Verdigris - Give milk, white of eggs
sugar & water & mucilaginous fluids freely. if there is
spasm Opites will be useful: emollient clysters - apply
the same treatment to Sulphate, Nitrate, Muricis,
Carbonate & Symp. of Copper & wine - Test - When Lq. Ammonia
- is added to these salts it turns them green (v.c.)
forms a green precipitate; but if added in excess the precipitate
becomes dissolved, & a beautiful blue solution
of the Ammoniacet of Copper is the result -

Muriate of Tin - Give an emetic if necessary any, or
- turnach, milk mucilaginous fluids; emollient
& oily clysters, also Opites to allay spasm. Test. with
Nitro-muriate of gold it forms a brownish red or tur-
- pish precipitate - treatment the same for all precip. of Tin
Liquor Sulphas - Give alkalis, Magnesia or chalk
after this diluents & clysters; & Opium if spasm be present
Test. It forms with alkalis, a white precip. with Phospho-
- rate of Potash, a blue precip. -

Argentis Nitras - Give mucilaginous fluids in which
- common salt has been dissolved, w^h forms a Muricet
& Silver insoluble & heavy - Test with alkalis it
forms a white precip. - the same with Muricetic Lq.
but w^h does turn black

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